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ACCEPTANCE

This dissertation, SCHOOL MENTAL HEALTH PROFESSIONALS' EXPERIENCES OF HURRICANE KATRINA EVACUEES: A PHENOMENOLOGICAL APPROACH, by STEPHANIE ERIN EBERTS, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree Doctor of Philosophy in the College of Education, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chair, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty. The Dean of the College of Education concurs.

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ABSTRACT

SCHOOL MENTAL HEALTH PROFESSIONALS' EXPERIENCES
WITH HURRICANE KATRINA EVACUEES:
A PHENOMENOLOGICAL APPROACH
by
Stephanie E. Eberts

Abstract

The need for increased training in the area of trauma and crisis intervention has been the subject of discussion in the literature (Mathai, 2002) and in the creation of new training standards (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009). With an increasing number of challenges facing children today, school mental health professionals are positioned to be among the first to intervene on their behalf (Campbell & Dahir, 1997; Paisley & McMahon, 2002). In order for interventions to be successful, school mental health professionals must be able to recognize the signs of trauma (Canada, Heath, Money, Annadale, Fischer & Young, 2007), educate the important adults in children's lives (Capuzzi & Gross, 2004) , and act in a holistic manner to accommodate the mental health needs of their students (Pederson & Carey, 2003). When Hurricane Katrina struck the Gulf Coast of the United States, approximately 200,000 students were forced to enroll in schools in other states (Department of Homeland Security, 2008). This study examined 12 school mental health professionals' experiences with these evacuated students. Using Creswell's (2007) phenomenological framework for understanding the school mental health professionals'

lived experiences, this study sought to illuminate issues related to training and supporting school mental health professionals so that they are equipped to support students in crisis. The results of this study fall under six themes: *Systemic Factors in Perception of Job Efficacy, Culture and Community, Retelling of Story and Sequence, Role of the School Mental Health Professional in their work with Evacuated Students, Training and Preparation, and Lessons Learned.* Implications for these themes are discussed.

SCHOOL MENTAL HEALTH PROFESSIONALS' EXPERIENCES WITH HURRICANE KATRINA EVACUEES: A PHENOMENOLOGICAL APPROACH

by

Stephanie E. Eberts

A Dissertation

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CHAPTER 1

THE IMPORTANCE OF TRAINING SCHOOL COUNSELORS IN EFFECTIVE TRAUMA RESPONSE

New regulations for training school counselors have been added to the requirements for accreditation of school counselor training programs. In the most recent accreditation documents the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards state that "studies provide an understanding of the nature and needs of persons at all developmental levels and in multicultural contexts, including all of the following: effects of crises, disasters, and other trauma-causing events on persons of all ages" (CACREP, 2009, p. 11). In response to these training standards, counselor training programs must incorporate training on the effects of trauma from a developmental standpoint while using a culturally sensitive lens.

The American School Counseling Association's (ASCA) National Model (ASCA, 2003) has set its criteria for training school counselors. In the area of responsive services this model states that in the "traditional role of school counselors, responsive services are activities meeting individual students' immediate needs, usually necessitated by life events or situations and conditions in the students' lives. These needs require counseling, consultation, referral, peer helping or information" (ASCA, p.9). Thus, school counselors should be trained to respond to the needs of their students within the scope and range of the school setting. Both the ASCA National Model (ASCA, 2003) and new 2009 CACREP Standards (CACREP, 2009) acknowledge the importance of training in the areas of crisis management and trauma response. As a result of these standards and the

need for this type of training, counselor educators are professionally obligated to train school counselors so that they can be well prepared and ethically responsible school counselors (ASCA Ethical Standards for School Counselors, Standard D, 2003).

When large scale disasters affect communities the school counselor can be a vital resource for student and community healing (Klingman & Cohen, 2004). In the past decade, the United States has been home to several large scale disasters: the terrorist attacks on September 11, 2001; hurricanes Katrina, Rita, and Gustav; violent attacks school campuses such as Virginia Tech and Columbine High School, ; and numerous others. With violence and loss becoming a part of the lives of children and families on such a large scale (Cougle, Resnick, & Kilpatrick, 2008), it is more important than ever that school counselors know their roles in providing psychological support for those affected by these events. They must understand trauma itself and the developmental effects of it on students, parents, teachers, and the community (Capuzzi & Gross, 2004).

As the needs of students change and the demand for further expertise in detecting trauma increases, school counselors are called upon to be mental health experts in their institutions (Brown & Trusty, 2005). School counselors also are expected to educate their faculty and staff about the interaction of the social and emotional needs of their students on their performance in the academic setting. They are called upon to connect families with outside services to support the learning needs of students. School counselors also are expected to create developmentally-based interventions through classroom guidance, small group work, individual interventions, and consultations (ASCA, 2003). Clearly, school counselors are wearing many hats, and much of the time they are working in an

environment in which they are one of the only professionals focused on the social/emotional well being of students (ASCA).

My experiences with Hurricane Katrina have led me to learn as much as I can about the study of trauma, and the importance of training school counselors in the area of trauma. In this paper, I explore the study of trauma in children, the need for school counselor training, the need for more interventions that school counselors can make use of after a large scale disaster, and the need for school counselor self-care while working with trauma survivors.

My Personal Journey

I was an elementary and middle school counselor in New Orleans when Hurricane Katrina made landfall on the United States Gulf Coast on August 29, 2005. The population of my school scattered around the United States after the storm, and my school did not officially open until after the winter break in January, 2006. Though I initially evacuated to Atlanta, Georgia, I relocated one week later to another city in Louisiana where I accepted a temporary job as an elementary school counselor. The school in the other city accepted over a hundred new students who were hurricane Katrina evacuees, some of whom were students from my school in New Orleans. All of the students and families were struggling to adapt to a new way of living and at the same time struggling to learn any information that they could related to their homes. Communication was a challenge in those first few weeks after the storm, and it was impossible to know if everyone from my school had evacuated safely.

Personally, I was struggling with the same types of challenges as the families with whom I worked. I did not know if I had lost my home or my job in New Orleans, and I

was unsure if all of my friends and family were safe. In retrospect, my memories of that time are limited. Since I too experienced a traumatic event, I was coping with symptoms of Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD) myself. Even today, I cannot explain the order of events that occurred the year following the storm. In order to write this paper, I had to consult old emails and journal entries so that I could correctly articulate when specific events occurred. If I was facing these cognitive challenges (and I knew that I was experiencing symptoms of PTSD), I can only imagine how confusing it must have been for my students.

I faced a number of professional challenges during the 2005-2006 school year. First, while working in another city in Louisiana, I sought training to better understand trauma. I also was interested in finding interventions which were proven to work specifically with traumatized populations. However, there were very few training opportunities, and the one that I attended was not helpful. I also searched the literature for interventions, and I found none that were relevant to my work with evacuated students and families. I consulted with other school counselors, psychologists and even one psychiatrist in the area, and they too were unable to provide me with the information that I needed which was a specific intervention for helping students to cope with a natural disaster. I did read literature about trauma, and I incorporated it into my practice of counseling. But I did not know if what I was doing was actually effective. I was also faced with personal challenges. I was an evacuee myself, and I had to cope with my own losses as they related to the storm.

The ultimate professional challenge that I faced after the storm was during the time when I was working in another city in Louisiana. The school that had hired me

during my evacuation had never had a school counselor. The school counseling program that I had created in New Orleans was designed to address the needs of my students at all developmental levels (a traditional, balanced program), yet in this new city, I could not rely on my traditional program to provide services to my new students. I was doing crisis intervention without knowing exactly how to do it, and I also had to build relationships with a new faculty, administration, and students. It was a daunting task. Many of the faculty and administrators were unsure of the role of the school counselor, so I had to educate them about the role of the school counselor while attending to the immediate needs of the evacuated students.

My time in the new city led me to seek information about the study of trauma. Ultimately, I decided to pursue a doctoral degree. As a doctoral student I have strived to learn as much as I can about trauma and its effects, and I am also committed to researching trauma and schools. I am pleased that the 2009 CACREP standards include the need for trauma and crisis intervention training in master's and doctoral level programs because I believe that all counselors should be prepared to work with clients and students who have suffered from a trauma. I recognize that many masters level training programs will not be equipped to provide this training. It is my hope that this paper will help counselor educators to recognize the need for trauma training.

Understanding Trauma

The *Diagnostic and Statistical Manual of Mental Disorders Version 4 Revised Text (DSM-IV-TR)* defines trauma as the experience of "an event that involved serious threat to self or others" (American Psychiatric Association DSM-IV-TR, 2000, p. 467). However, many researchers believe that the trauma response is not rooted exclusively in

the event itself, but in the meaning making process after the event (Herman, 2007; Salloum & Overstreet, 2008; Seagraves, 2001). The experience proves to be overwhelming in a way that the individual cannot make meaning or garner understanding in the same way he or she was able prior to the event. The individual response is unique and dependent on a number of factors such as culture, socio-economic status, exposure to previous trauma, and ethnicity (Sar, 2008). Therefore, it is important for school counselors to have a holistic understanding of the students who are struggling with a traumatic experience and to keep in mind that each student reacts to the same trauma in his/her unique way. For example, if a student is acting out in the classroom by yelling or hiding under his/her desk, the school counselor may be asked to assist in ameliorating the behavior. If the counselor approaches the student from a holistic perspective, the counselor will consider all aspects of the child's world which could include a trauma history. Understanding the child rather than only focusing on the behavior will help the counselor to better assist him/her and the teacher.

Symptoms and Diagnosis

The response to a trauma can result in Acute Stress Disorder (ASD) and/or Post Traumatic Stress Disorder (PTSD). Each diagnosis is characterized by the following symptoms: an individual experiencing trouble in three areas including persistent flashbacks or re-experiencing the trauma, avoidance of cues as they relate to the traumatic experience, and symptoms of hyperarousal such as a startled response (DSM IV-TR, 2000). The difference between these two diagnoses is the time which individuals experience the symptoms. Individuals experiencing these symptoms for a month or less are diagnosed with ASD, if the symptoms persist for longer than one month the

individual is diagnosed with PTSD. There is some disagreement among researchers as to whether these diagnoses are thorough enough to encapsulate the spectrum of symptoms of ASD/PTSD (Herman, 1997), and there is some fear that many of the adult survivors of childhood trauma are misdiagnosed with other personality disruptions or anxiety disorders (Briere, 1988; Gelinas, 1983; Herman, 1997, van der Kolk, 2007). It is therefore important to not only understand the signs of trauma early in individual's lives, but also to understand the lasting effects that it can have.

It is also the belief of some researchers that there are neurological reactions to trauma as well. The inability to make sense of the trauma may be a result of cognitive changes that might occur after a trauma. When experiencing a trauma it is possible that the pre-fontal lobe which regulates higher cognitive structures such as emotion and memory are over taken by the limbic system (van der Kolk, 2007). This disconnect can lead to loss of memory and dysfunction in affect regulation. It can also lead to more severe posttraumatic stress disorder (PTSD) symptoms (APA, 2000; Briere & Scott, 2006; Schore, 2003, van der Kolk). It is believed the longer these neurological changes occur the longer the PTSD symptoms persist (van der Kolk). I know that I experienced some loss of memory, and I am sure that my students experienced these cognitive challenges as well. I noticed that students had a harder time focusing after the storm than they did prior to the storm. Adults reported struggling to focus as well.

Maslow's Perspective

Maslow's (1954) theory of personality development focuses on a hierarchy of needs. Often times one might find this hierarchy represented in the form of a pyramid with Survival needs at the bottom of the pyramid leading to the need for Self-

Actualization. When conceptualizing children who have experienced a traumatic event such as a disaster, it is easy to see that these children must be focused on these basic needs of survival including food, water, and shelter. When a child does not have a home to go to after the school day, it is not reasonable to assume that he or she will be able to focus on any of life's tasks outside of mere survival. The next level on the hierarchy of needs is the need for Safety. After a disaster it is possible that a child is not getting meals and shelter at night. Without satisfying a child's need for survival and safety, two needs that are often not met after a disaster, a child will not be able to focus his or her energy on her school work. Predictability can help to create a safe environment. So if school counselors and teachers make sure that the schedule of the day's events are known to the students this could help students to better predict their environment. School counselors should make sure that students know when and where all interventions will take place. It is important for a child to know what is going to happen during the school day so that it is not threatening and unknown to them. All interventions chosen by school counselors should focus on helping the child and the family to meet these basic needs before any therapeutic or academic intervention can be done.

Trauma in Schools

Exposure to violence and other life-threatening events affect a child's ability to learn. Children who have suffered a trauma use their cognitive energy to suppress the trauma rather than focusing on their school work (Conte & Schuerman, 1987; Shanok, Welton, & Lapidus, 1989). Others link trauma to school problems such as limited attention, behavioral problems, and lower cognitive functioning (Copping, Warling, Brenner, & Woodside, 2001; Ford, Racusin, Davis, Ellis, Thomas, & Sengupta, 1999).

More specifically, trauma has been shown to adversely affect reading achievement for students in elementary school (Duplechain, Reigner, & Packard, 2008). In this study, the researchers found that of 163 urban elementary students, grades two through five, those students who had experienced a moderate to severe trauma as measured by a sub-scale of the Social Stress Measure (Tolan, Miller, & Thomas, 1988) had significantly lower reading scores on the Iowa Test of Basic Skills (ITBS) and the California Achievement Test (CAT). The researchers used a repeated measure general linear model to determine the relationship between exposure to trauma and reading achievement. Those students who had reported high exposure to traumatic events did not fair as poorly as the students who reported moderate exposure. The authors suggest that the students who have experienced moderate exposure to traumatic events may not be as easily identified and given services in the school system. They suggest that schools must find better ways to identify the needs of these children so that they can learn.

It is important for school counselors to understand that many school problems that students are dealing with may be based not just in learning challenges and individual differences, but perhaps in experiences of trauma. In understanding students from a holistic perspective, it is important to take into account any exposure a child may have had to violence or loss, even prior to experiencing something as large scale as a hurricane (Ford & Cloitre, 2009).

Children who have experienced a natural disaster many be coping with previous unresolved traumas (Ford & Cloitre, 2009). Researchers have found that many children show symptoms of post-traumatic stress disorder (PTSD) after a natural disaster (LaGreca, Silverman, Vernberg, & Prinstein, 1996; Russoniello, O'Brien, McGhee,

Bingham-Alexander, & Beatley, 2002). These symptoms can include intrusive thoughts, hyperarousal, numbness, and flashbacks (APA, 2000) all of which can interfere with student learning. LaGreca and her colleagues surveyed 442 third through fifth grader students three, five and ten months after Hurricane Andrew. A regression analysis was conducted to find which if any characteristics of the children were predictive of long term PTSD symptoms. They found that children of Hispanic and African American origin along with children who had been exposed to other traumatic events continued to have PTSD symptoms over time. Russoniello and her colleagues surveyed 218 fourth grade students after Hurricane Floyd. They found that children who had been more exposed to the traumatic event, such as loss of their home, had more PTSD symptoms than children who had not been directly exposed. Both research teams measured PTSD symptoms in children with the Posttraumatic Stress Disorder Reaction Index for Children (CPTS-RI; Fredrick, Pynoos, & Nader, 1992). Large numbers of students who are experiencing these symptoms can overwhelm an already strained school environment.

Cultural Considerations. School mental health professionals should also be mindful of cultural differences when working with students who have experienced a trauma. The U.S. Department of Health and Human Services (2003) provides resources to mental health practitioners who work with disaster survivors. They suggest that mental health professionals become aware of survivors' worldview by learning about how the survivor communicates and what that person values. They discuss the importance of respect and understanding when working with disaster survivors of different cultures. It is important for school counselors to take the time to understand their students from a holistic perspective, and considering culture is part of facilitating understanding.

The Role of Social Support in Trauma

Discussions with a supportive network of individuals have been shown to ameliorate healing (Lepore, Silver, Wortman, & Wayment, 1996). Conversely, unsupportive networks have been shown to impede healing and even to exacerbate traumatic symptoms (Lepore et al.). Supportive networks often allow a person to tell his or her story without judgment whereas unsupportive networks suppress the individual's experiences. Informal social networks have also been shown to help with recovery from traumatic events (Norris, Friedman, & Watson, 2002). In the case of large scale disasters, many individuals experience the traumatic event which can deeply affect the social support network. Each member of the social support network has to cope with the effects of the disaster. Since school counselors have the ability to provide a supportive network for students in groups, it is important for them to understand this element of healing. It is also necessary for school counselors to not only work with the students in their school setting, but to educate the adults in students' lives such as teachers and family members or caregivers.

Hawkins, McIntosh, Silver, and Holman (2004) explored the social support networks of four Columbine High School students and seven parents of Columbine High School students during the 1999 school shootings. The researchers questioned whether or not a "ready-made social network" (p. 206) was in place for these students. All four of the students reported that spending time with family and friends helped them to cope, yet the students found it difficult to connect socially with anyone who was not part of the Columbine High School community. However, the media intrusions were found to be a

source of negative emotions. The students reported that structured counseling interventions were not helpful. This finding is surprising because other research has found that talking about the traumatic event was helpful for survivors (Pennebaker & Harber, 1993). Hawkins and her colleagues suggest that the interventions may not have been effective or developmentally appropriate. Therefore, further research is important in learning about how developmentally appropriate interventions could be helpful.

The importance of a support network was particularly evident to me when I was working with families who were coping with losses related to Hurricane Katrina. I noticed that students whose friends and family had returned to New Orleans after the storm struggled less than those students who had fewer friends and fewer family members in the city. I also noticed that students who shared their experiences with friends, family or faculty seemed to have more success academically than those students who did not share their experiences. As a school counselor after Hurricane Katrina, I spent more time working with parents than I had in the six years prior to the storm. Parents who had never sought consultation with me prior to the storm were asking for help and support. They knew that their reactions and stress levels were important to their child's ability to heal. I also recognized the need for social support in my own life. I often traveled from my new location to New Orleans after it was safe to return, so that I could be with friends and family who had experiences that were similar to my own. I found it helpful to me to spend time socially with people who understood my struggles. I remember how comforting it was to hear that I was not the only one who had trouble sleeping. I imagine that the students who shared their experiences with their friends may have had a similar experience.

Interventions for Large-Scale Disasters

Schools can provide a gateway into mental health services for families. Often students receive care exclusively through the school system due to financial or perceptual barriers of the family (Evans & Weist, 2004). School counselors are in the unique position to offer help to children and families who may not otherwise receive services. In the case of trauma, these services should be both developmentally, contextually, and multiculturally appropriate for the populations which counselors serve (Hawkins et al., 2004; Jordan, 2006; Salloum & Overstreet, 2008). According to a mental health needs assessment by the Federal Emergency Management Agency (FEMA) caregivers reported that 44% of children who experienced Hurricane Katrina were showing signs of new mental health issues (Abramason & Garfield, 2006). However there are very few resources from which school counselors can receive information regarding effective interventions which are specific to large scale disasters. In the current culture of schools, school counselors are expected to use evidence-based interventions to meet the needs of their students; however, in an extensive review of the literature, currently, the researcher found that there were only two evidence-based interventions for school counselors to use.

Chemtob, Nakashima, and Hamada (2002) studied the effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) on children who had experienced a hurricane. EMDR is an intervention that involves bilateral eye movements, taps or tones to reprocess a difficult event. It is believed that by identifying a challenge and then doing these eye movements for twenty to thirty seconds the child can reprocess the traumatic event. The clinician must be specifically trained to administer this type of intervention, and in this study there were a number of trained clinicians who administered

EMDR. The children ranged in age from six to 12. There were 22 girls and 10 boys. The students met the criteria for participations by demonstrating that they were still struggling with symptoms of PTSD one year after the hurricane. The assessments used to measure these symptoms were the Child Reaction Index (CRI, Pynoos, Nader, Arroyo, Steinberg, Eth, Nunez, & Fairbanks, 1987), the Revised Child's Manifest Anxiety Scale (RCMAS, Reynolds & Richmond, 1985), and The Child's Depression Inventory (CDI, Kovacs, 1992). The students had four sessions with trained therapists.

The focus of the intervention was to reprocess the child's worst fears and their worst memories with the intention of helping the child to create a safe place in his/her mind as it related to the event. They found that the students improved after the treatment, and that the treatment results were maintained a year after the intervention. The evidence of this improvement was measured by pre and post assessments. Eighteen of the thirty two students no longer met the criteria for PTSD after the treatment. It is possible that such interventions might be worth investigating as a part of school counselor training. This evidence-based intervention showed an improvement in students after a trauma, and school counselors could be well-served using effective interventions. However, it is unrealistic to expect that school counselors can access the training that would be needed to utilize such an intervention. This intervention was delivered in a school setting; however, it was delivered by outside psychologists, and it is unlikely that school counselors would use such an intervention because it is not easily understood, and it would be a challenge to explain it to parents. It would also involve seeking training outside of the school system which could be a challenge for school counselors both financially and time-wise. It is hard to explain to parents and other school officials that

through eye-movement or taps that someone could reprocess a traumatic event, but these researchers have found this method to be effective.

Salloum and Overstreet (2008) created Project Loss and Survival Team (LAST) as a specific intervention for students suffering from loss after Hurricane Katrina. The ten-week group and individual intervention is designed for elementary aged students who are experiencing grief and trauma due to death or disaster. The study included 56 children who had scored in the moderate to severe range on the UCLA Posttraumatic Stress Disorder Index (Pynoos, Rodriquez, Steinberg, Stuber, & Fredrick, 1998). Those students participated in this program which utilizes developmentally appropriate methods to address three phases: "resilience and safety, restorative retelling, and reconnecting (p.497)." Parents also participated in the program by attending educational meetings in which they were taught about issues facing children who have suffered from trauma.

The children participated in both a group counseling intervention and individual counseling sessions which focused on three goals: "to help children (a) learn more about grief and traumatic reactions (education), (b) express thoughts and feelings about what happened (coherent narrative, expression of thoughts and feelings, expression the meaning), and (c) reduce traumatic stress symptoms" (p. 498). The researchers found that the students' symptoms of PTSD lessened throughout the intervention. Specifically, the students' traumatic grief scores lowered significantly from the pre-test, as did their global distress scores. The program was well-received by both the students and their families. The researchers are in the process of testing this program in different settings, and they hope to have their program manualized and published in the next few years. To

date, this program is the only one which is currently in the literature which school counselors could potentially use in the future.

Compassion Fatigue and Vicarious Trauma

Being a school counselor in the wake of Hurricane Katrina, I was experiencing some symptoms of PTSD. Not only was I coping with personal losses related to the storm, but I was also talking to students, parents, and faculty about their experiences. I recognized the need for self-care, and I sought opportunities to take care of myself. I often went to yoga classes, and I had weekly massages. But it would have been very helpful for me to have supervision or consultation that was specifically focused on how the stress in my students' and their families' lives were affecting me personally and professionally.

Without specific training and access to effective interventions school counselors risk their own well-being. The stress and challenges of school counselors can often lead to compassion fatigue and/or secondary trauma (Sommer, 2008). It is important to note that when a counselor is impaired by such conditions, services to the students are deeply affected. The training of school counselors should also include information about the potential symptoms and signs of such challenges. Training programs and supervisors are in a unique position to extend support and information to school counselors. This support could lead to the higher retention rates of school counselors as well as better services for students, potentially leading to higher success in students' lives, both in academics and relationships.

Several terms have been used to describe the negative effects on counselors or other helping professionals when working with clients who have experienced trauma.

Compassion Fatigue is also referred to as Secondary Traumatic Stress (STS, Figley, 1995). When helpers begin to exhibit symptoms that are closely related to PTSD, the term that is commonly used to describe this phenomenon is compassion fatigue. According to Figley there are three strong indicators of compassion fatigue. School counselors will re-experience the trauma of their client, helpers may avoid stimuli that remind helpers of the trauma, and they may experience hyper-arousal. One element that is similar to burn out is that the school counselor will begin to feel the exhaustion of experiencing these symptoms.

Burn out of helpers is a different from compassion fatigue. Maslach (1982) has identified three areas under which one can categorize burn out: depersonalization, emotional exhaustion, and reduced accomplishment in work or personal life. School counselors experiencing burn out are less able to provide positive mental health services to their clients. As school counselors depersonalize or distance themselves from their clients the therapeutic alliance is compromised. Farber (1991) found that those counselors at the greatest risk for experiencing burn out are those who have less social support within their work setting and whose individual coping styles are less productive. For example, a school counselor who has a larger case load with less institutional support is far more likely to experience burn out.

Vicarious traumatization is also a term recognized throughout the literature. Pearlman and Saavitne (1995) describe vicarious traumatization as a change in the cognitive structures of the helper. They explain that the helper's worldview becomes distorted primarily in the areas of trust, safety, control, esteem and intimacy. School counselors who have a personal trauma history are particularly vulnerable to this sort of

challenge. This is particularly important when a disaster affects large areas because the helpers are experiencing the traumatic event as well. Sckoholt (2001) notes that vicarious trauma does not manifest in the same way in all helpers, and training and education about vicarious trauma can contribute to the prevention of it.

Regardless of whether school counselors are experiencing compassion fatigue, burn out or vicarious traumatization, the personal well-being of counselors and the services that they provides can be effected negatively. It is the duty of counselor educators and supervisors to not only educate students about the possible challenges in their future should they work with traumatized clients, but it is also important for them to help new counselors to create strong support networks and coping strategies to help prevent this sort of impairment from happening (Munroe, 1999).

The American Counseling Association (ACA) Code of Ethics (ACA, 2005) states that counselors should only practice if they have had didactic training and supervision in the area in which they work. If school counselors are working with clients who have experienced trauma, then it is the ethical responsibility of counselor educators and supervisors to not only be trained in this area themselves, but to train their students to be prepared for work related to trauma. Trauma-sensitive supervision has been shown to be helpful in the prevention of some of these work-related challenges (Trippany, 2005). Trauma-sensitive supervision can include a number of different methods to help counselors in training to become aware of their own experiences while working with clients who have suffered from trauma. Sommer (2008) suggests teaching relaxation techniques, providing reflective reading assignments, and student presentations on crisis

and trauma related topics as a few ways that supervisors and educators can begin the process of creating awareness in student counselors.

Though it is important for counselors to have training in trauma awareness and its effects of clients and counselors alike, the material is not being taught. Kitzrow (2002) found that over 95% practicing counselors stated that training in the area of trauma is important, but less than 10% had received any training. There is no current research to suggest that the percentage of trained counselors is growing, but with the introduction of new standards, many programs will have to implement trauma sensitive training. But if programs continue to avoid this area of training, the professionals who represent the field of counseling will surely be at a disadvantage. Not only are they are risk for personal problems, but they are also likely to be unable to provide the services that their clients need.

Implications for Practice

Trauma Sensitive School Counseling Programs

Best practices for school counselors call for not only effective and developmentally appropriate interventions, but for counselors to evaluate such practices. According to the ASCA national model (2003) school counselors' delivery system is comprised of "school guidance curriculum, individual student planning, responsive services, and system support" (ASCA, 2003, p. 39). School counselors can incorporate trauma sensitive practices into all four elements of their programs. When creating classroom guidance lessons, school counselors can incorporate didactic information about how to cope with challenging situations which can be a preventive measure for students. Helping students to identify and create coping strategies will help them to use those

strategies when they are suffering. Individual student services can be created to address the personal needs of students who are experiencing challenges. Responsive services include crisis response. School counselors can play an integral role in creating crisis response protocols for their schools. These protocols should include measures to ensure the safety of their students, communication among staff, communication with the community, and support networks and systems (such as group counseling or individual counseling) to help their community to cope with the crisis. In the system support arena, school counselors can use teacher-in-service time to educate their faculty about the signs of trauma or abuse, so that teachers can better identify those students who may be struggling. If school counselors can make some of these types of changes in their programs, they will be better equipped to handle a crisis of larger proportion such as a hurricane or other natural disaster.

When creating new interventions or educational programs, the school counselor should also be thinking about how to evaluate the effectiveness of that program within their school setting. The ASCA National Model (2003) suggests that school counselors use data collection methods such as feedback surveys, on-line surveys, school records, and demographic information to aid in the production or revamping of school counseling programs. The results of the data collection should be shared with the school community, and counselors should invite administration, faculty, parents, and students to give input as to the effectiveness of their programs. Not only will this evaluation be an effective tool for learning about which interventions and programs were most effective, but it will allow the school counselor to know what he or she can do better for the following school

year. It can also assist the counselor in learning whether he or she needs additional training or supervision in a particular area.

The interventions listed previously in this article are specifically related to trauma as it relates to hurricanes, but school counselors need specific training in order to implement these types of interventions. However, school counselors receive little training and supervision in the area of crisis and trauma response potentially leaving them feeling ill-equipped to handle the challenges of working with traumatized children and families. Beyond suicide prevention many school counselors report feeling inadequately prepared to provide crisis and trauma services (Mathai, 2002) This lack of preparation is disproportionate to the need that school counselors are reporting (Allen, Burt, Bryan, Carter, Orsi, & Durkan, 2002; Mathai, 2002). If counselors are not trained to provide the services that are required for their populations, they might begin to experience feelings of professional inadequacy which could potentially lead to more serious problems such as compassion fatigue and/or vicarious traumatization.

Common Mistakes Made by School Counselors

Well-meaning professionals might make a number of mistakes when working with traumatized children. The first mistake is that the professional may ask a child to talk about the traumatic event. If a counselor is not specifically trained in trauma therapy, he or she could cause more damage than he or she intends. The child may be retraumtized by reliving the experience, and with cognitive disruptions the child may not be able to distinguish whether or not he or she is in eminent danger. It is not a good idea to prompt a child to tell the counselor what happened; rather the counselor should focus on helping the child to feel safe at school. A second mistake that a school counselor

might make when working with traumatized children is to focus his or her attention on the child's inability to perform school related tasks. A child who is focusing all of his attention to cope with the traumatic event will not be able to regulate his or her own actions in an academic setting until a sense of safety is established. The final mistake that school counselors may make is to assume that a child who has experienced a traumatic event will "get over it" over time. Often adults will rationalize inactivity by saying that children are resilient. Interventions and education can be helpful to children who have experienced a trauma. It is important for school counselors to make connections with agencies and professionals in their community who can help the family and the school counselor to better understand what each child might specifically need.

Suggestions for Further Research

Much information is still needed to assess how much training of school counselors is being done and what training has been effective in school counseling. Research is needed to understand how school counselors are managing and working with clients who have suffered from trauma. It is also important to continue to study the effects of large scale traumatic events and how communities and schools are recovering from them. All in all, it is important for counselor educators to create a new paradigm for training school counselors to develop programs that will assist children in dealing with traumatic events.

Summary

The purpose of this paper was to advocate for training school counselors to have an understanding of trauma while also providing them with information about how their own personal responses to clients who experience trauma can be effective. Sommer

(2008) believes that incorporating crisis intervention and trauma training in almost all classes, that are required by CACREP standards, is possible. Historically, other areas of interest and training have been incorporated into classes in this way. For example, multicultural awareness and social justice issues have found their way into the day-to-day training of master's level counselors. It is possible to do the same for trauma and crisis training. This need is evidenced by new standards that are currently being implemented into counselor preparation programs. For example, in an introduction to school counseling class, one day can be set aside to introduce the topics of crisis intervention and trauma. This type of training can be the foundation of school counselor's crisis and trauma training.

This type of education requires that counselor educators have their own training in crisis intervention and trauma. If programs are not currently training in this area as research suggests (Kitzrow, 2002; Sommer & Cox, 2005), then one can wonder if counselor educators themselves have not have appropriate training. Therefore, it is important for counselor educators to seek training in this area so that they can provide information and supervision to their students.

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CHAPTER 2

SCHOOL MENTAL HEALTH PROFESSIONALS' EXPERIENCES OF HURRICANE KATRINA EVACUEES: A PHENOMENOLOGICAL APPROACH

Introduction

On August 29, 2005, Hurricane Katrina made landfall on the Gulf Coast of the United States. In New Orleans alone approximately 80% of the city was underwater due to multiple breaches in the city's levee system (U.S. House of Representatives, 2006). Many homes, schools, businesses, and city buildings were damaged or destroyed, and the residents of this area and the Mississippi Gulf Coast were forced to seek shelter elsewhere, many in other states. Bender and Sims (2007) refer to the overwhelming effects and events post-Katrina as a Population-Wide Trauma. In New Orleans alone, nearly 400,000 people were left with non-functioning homes (Department of Homeland Security, 2008). Many of the nearly two hundred thousand children who were displaced, relocated outside of Louisiana and Mississippi, entering school systems around the country. This influx of new students left school mental health professionals (school counselors, school social workers, and school psychologists) and other school personnel to cope with not only larger school populations, but also a myriad of anxiety, mood disorders, and other trauma related symptoms from which the students were suffering (Madrid, Grant, & Rosen, 2008). This unique event exposed areas of growth for school professionals in the areas of training and preparation.

The purpose of this study was to examine the experiences of school mental health professionals whose schools accommodated a large number of students who evacuated to Georgia from the Gulf Coast as a result of Hurricane Katrina. With interviews one year after hurricane Katrina, the experiences and lessons learned by these school mental health professionals will help us to understand how they responded to the needs of the evacuated students in their schools as well as the preparation needs of school mental health professionals. A phenomenological approach (Creswell, 2007) of analyzing this data is appropriate to find the essence of these experiences. The information gathered from these participants has the potential to help counselor educators understand more fully the need for training trauma sensitive mental health professionals as well as better informing the practice and protocol of crisis response in schools.

As an introduction to this qualitative study, this paper provides a review of the trauma literature especially as it relates to children. This paper also includes information about the importance of cultural understanding when working with survivors of a traumatic event. A description of the study including methods for data analysis, results, and implications follow.

Trauma

The *Diagnostic and Statistical Manual of Mental Disorders Version 4 Revised Text (DSM-IV-TR)* defines trauma as "the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death,

serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior) (Criterion A2)" (APA, 2000, p. 468). However children who have experienced a traumatic event often meet the criteria for a number of other diagnoses, among them: depression, oppositional defiant disorder (ODD), and attention-deficit and hyperactivity disorder (ADHD) (Cook, Spinazzola, Ford, Lanktree…van der Kolk, 2005). The nature of these symptoms has led Cook and co-authors to further examine how children respond to traumatic events. They suggest that children who have been exposed to complex trauma (multiple traumatic events) can show impairment in seven different domains: "attachment, biology, affect regulation, dissociation, behavioral control, cognition, and self-concept (p. 392)." These impairments can last well into adulthood (van der Kolk, 2006), thus it is important for mental health professionals to understand these areas of impairment so that they can better treat children.

Trauma in children. Exposure to traumatic events affects a child's ability to learn (Conte & Schuerman, 1987). Researchers who have studied trauma in children have often studied children who have suffered from abuse. Conte and Schuerman compared 369 children who had been physically or sexually abused with 318 children who had not been abused, and they found that the children who were abused were behaviorally different than those children who had not been abused according to a Symptom Checklist and Child Behavior Profile created by the authors and answered by non-offending caregivers of the children. With cognitive disturbances among the domains discussed by Cook and her co-authors, it is not surprising that researchers have found that children

who have experienced a trauma sometimes struggle academically. Researchers have also found that students with moderate to high exposure to trauma have difficulty learning to read (Duplechain, Reigner, and Packard, 2008). Duplechain and her colleagues surveyed 163 urban elementary school students in grades two through five. They found that exposure to violence had an adverse effect on reading scores. Students who had moderate and high exposure had lower reading scores than those students who had little to no exposure to violence. It is important for school mental health professionals to understand that many school problems that students are dealing with may be not be seeded just in learning challenges and individual differences, but perhaps in experiences of trauma. In understanding students from a holistic perspective, it is important to investigate the possibility of a child's exposure to trauma.

Children who experience hurricanes. Baggerly and Ferretti (2008) studied the effects of the hurricanes on the Florida Comprehensive Assessment Test (FCAT) after the 2004 hurricane season. Of the 1.6 million fourth through tenth grade students who participated in the FCAT during the 2004-2005 school year, a sample of 55,881 scores from both the lowest impacted schools by hurricanes and the highest impacted schools. They found that the scores of the students in the highest impacted areas were not significantly affected. They argue that though the achievement scores of these students were not affected, that does not mean that students should not receive services after a hurricane. In fact, they believe that because of the responses of school counselors and area agencies, the students who needed interventions may have received them. They also argue that it is also possible that individuals whose scores may have decreased could have been absorbed by the large sample. They also explain that there were policies in place to

allow students in greatly affected areas to have additional school days prior to the administration of the FCAT thus equalizing the number of school days for all students in Florida. These authors discuss the importance of school counselor interventions in helping students to be academically successful after experiencing a disaster.

A number of studies and surveys show that many children show symptoms of post-traumatic stress disorder (PTSD) after a natural disaster (LaGreca, Silverman, Vernberg, & Prinstein, 1996; Russoniello, O'Brien, McGhee, Bingham-Alexander, & Beatley, 2002). LaGreca and her colleagues studied 442 elementary school children who had experienced Hurricane Andrew. They found that though the students showed an overall decline in PTSD symptoms over time, children were still exhibiting PTSD symptoms 10 months after the hurricane. Russoniello and her colleagues surveyed 218 fourth grade students and found that 95% of them had some PTSD symptoms. The students whose homes flooded showed more severe symptoms. According to a mental health needs assessment by the Federal Emergency Management Agency (FEMA) caregivers reported that 44% of children who experienced Hurricane Katrina were showing signs of new mental health issues (Abramason & Garfield, 2006). Another study showed that in school-aged children who had experienced Hurricane Katrina, nine to 18 years of age, almost half were experiencing PTSD symptoms six months after the storm (Osofsky, 2006). Salloum and Overstreet (2006) found that of the 78 children who participated in their intervention 58 were experiencing a moderate to high level of PTSD symptoms. This intervention will be described in detail in the next section. Three years after Hurricane Katrina, Moore and Varela (2009) found that of one hundred and fifty five New Orleans area students surveyed over 46% were still showing moderate to highly

severe symptoms of PTSD 33 months after the storm. These statistics support the assumption that many of the students who were evacuated into the schools where this study was conducted were struggling to cope with PTSD.

Intervention strategies. School mental health professionals are in the unique position to offer help to children and families who may otherwise not receive services (Brown & Trusty, 2005). In the case of trauma, these services should be developmentally, contextually, and multiculturally appropriate for the populations which they serve (Hawkins et al., 2004; Jordan, 2006; Salloum & Overstreet, 2008). Yet, school mental health professionals have reported feeling ill-equipped to handle these sorts of situations in their schools. This lack of preparation is disproportionate to the need that school mental health professionals are reporting (Allen et al., 2002; Mathai, 2002).

In a thorough examination of the literature, the primary researcher found only one evidence-based intervention for use in schools. Salloum and Overstreet (2008) created Project Loss and Survival Team (LAST) as a specific intervention for students suffering from loss after Hurricane Katrina. The ten-week group and individual intervention is designed for elementary aged students who are experiencing grief and trauma due to death or disaster. The study included 56 children, aged seven to 12, who had scored in the moderate to severe range on the UCLA Posttraumatic Stress Disorder Index (Pynoos, Rodriquez, Steinberg, Stuber, & Fredrick, 1998). Those students participated in this program which utilizes developmentally appropriate methods in both group counseling and individual counseling. Parents also participated in the program by attending educational meetings in which they educated about children's responses to trauma. The researchers also found that the students' symptoms of PTSD lessened throughout the

intervention with almost half of the students falling below the moderate range of PTSD. To date, this program is the only one which is currently in the literature which school mental health professionals could potentially use in the future, yet the specific intervention is not yet published. In a time when school culture dictates that school mental health professionals use evidence based practices, there are no interventions published which are specifically geared toward large scale traumatic events.

Baggerly and Exum (2008) have suggestions for family therapists who work with children who have suffered the trauma of a natural disaster. They suggest that family therapists work closely with school mental health professionals to provide services to children who are suffering from PTSD. They suggest that teachers and parents should focus their attention on providing help to children by helping them to build communication skills, a sense of self-efficacy, and positive coping skills. They suggest that parents and teachers can open the line of communication by scheduling times for the children to discuss their experiences. If the child is not developmentally able to verbally communicate their feelings, they suggest that parents draw or play with their children to help them to express their feelings about the trauma. Parents and teachers are also encouraged to comfort children who are suffering from symptoms of PTSD. They suggest that in order to build a sense of self-efficacy, children should be assured by their parents and teachers that symptoms such as nightmares will eventually go away. They are encouraged to establish predictable routines that help children to feel more safe. Parents and teachers should also encourage children participate in social activities. The researchers are a bit more vague when describing how parents and teachers can help children to build coping skills. They suggest a game for younger children and group

interventions that include art and drama for older children. They outline three interventions which have been helpful for children who have PTSD symptoms. They suggest that therapists used either play therapy, cognitive behavioral therapy, and family play therapy (filial therapy). The suggestions for family therapists are clinical interventions that have been shown to work over time, and it is possible for school mental health professionals to use these types of interventions themselves. They should use these interventions only if they are trained in the area of play therapy or specific cognitive behavioral therapy.

Cultural Considerations when working with Trauma. The United States Department of Health and Human Services (2003) provides cultural recommendations for professionals who work with disaster survivors. They suggest that helpers should recognize the importance of culture and respect diversity. They also suggest that helpers should learn about the survivor's culture in order to better understand how that person communicates and post-disaster reactions. Mental health professionals who work with disaster survivors in a school setting should also be aware of these cultural considerations. One model which can be helpful in gaining a holistic cultural understanding of their students is the "Transcultural Assessment and Intervention Model" created by Giger and Davidhizer (1999).

Giger and Davidhizar's (1999) "transcultural assessment and intervention model" was originally designed to assist nurses. But when working with children who have suffered a trauma, it can also be applied. The considerations include: communication as potential barriers to receiving quality care and help, personal space, social organization of personal beliefs, time and environmental control. Communication is referred to by the

authors as nonverbal and verbal ways that people express themselves. They discuss personal space as the space around the person, and ideas about what is comfortable for each person is different. Social organization is the belief and value set of the individual. The authors suggest that perceptions and concepts of time are also culturally embedded, and when working with people from different cultures, differences in time perception should be considered. Environmental control is a belief around how much control or how little control one has as it relates to the traumatic event itself. It refers to whether or not someone believes that the event was by chance or if that person can change what has happened. If school mental health professionals use this model to help to understand their students who have suffered from a trauma, it is less likely that cultural misunderstandings will occur.

Arrendondo and her fellow researchers highlight three areas of cultural competency for counselors. First, counselors should be aware of their own assumptions and perceptions. Second, mental health professionals should be knowledgeable of multicultural issues and of the worldview of others. And third, mental health professionals should use appropriate interventions and techniques for the cultural values of the student (Arrendondo, Toporek, Brown, Jones, Locke, Sanchez, & Stadler, 1996). Mental health professionals who educate themselves about the worldview of their students are better able to connect with and help those students (Sue & Sue, 2002). School mental health professionals who take into account these considerations can better serve the whole student.

Helpers at risk for vicarious trauma. School mental health professionals should be aware that working with students who have experienced a trauma may lead to vicarious traumatization. Pearlman and Saakvitne (1995) identified four areas in which mental health professionals should be educated and supervised when working with people who have experienced a trauma: "a strong theoretical grounding in trauma therapy, attention to both conscious and unconscious aspects of treatment, a mutually respectful interpersonal climate, and educational components that directly address vicarious traumatization (Sommer, 2008, p. 64)." It is important for school mental health professionals to not only receive training in trauma theory, but they should also be supervised in a trauma sensitive manner (Pearlman & Saakvitne, 1995).

Wilkerson (2009) found that school counselors in particular are at risk for burn out or vicarious trauma because of the myriad of roles that school counselors fill within a school system. His study indicates that those school counselors who coped with their job stress in an emotional way rather than a task-oriented manner were at higher risk for having job related stress and dissatisfaction. Other school mental health professionals may also struggle with similar challenges, and they should be appropriately trained to cope with these difficulties.

Current Study. School mental health professionals are being called upon to work with children who have experienced a trauma. Training requirements for students have changed to reflect a need for this type of training. For example, CACREP has added trauma training to the 2009 standards. However, it is important to learn about how school mental health professionals are currently working with students who have experienced trauma. Little research to date has explored the experiences of school mental health

professionals with traumatized students. Hurricane Katrina was a large scale disaster. This study explored the experiences of school mental health professionals who worked with evacuated students. Mental health professionals and those who train them have much to learn from their experiences.

Methods

Background

The data for this study were originally collected three years ago as part of another study in which the author served as a member of the research team. The author participated in the original data collection and analysis in a variety of different ways: process observer of interviewers, transcriber of the interviews except for one, and data co-analyst. The research team analyzed the data through a grounded theory lens (Strauss & Corbin, 1998), but the results were not published for a variety of reasons. Initially there was a discussion among the research team that a different approach to the data might uncover the experiences of interviewees. The research team believed it was important to fully capture the experiences of the participants prior to creating a common theory that applied to all of the participants. At that point, since the original research team ceased work on the project, the author then reorganized the study, forming a new research team to analyze the data with an alternative method. The existing data warranted a second look through a different analytic lens because the event and its aftermath were unique, not lending itself to a grounded theory lens, in which the purpose is to create a theory that can be applied in other similar situations. Being from New Orleans and a school counselor when Hurricane Katrina devastated that city, the author was also personally invested in the data and introducing these participants' stories into the literature.

Current Study

The current study employs a phenomenological method and theory because this paradigm seeks to capture the lived experiences of the participants (Creswell, 2007). In phenomenological inquiries, the researcher is the interpreter of the essence of the participants' experiences, using multiple pieces of data to tell the larger story (van Manen, 1990). The essence of these experiences was captured through one individual interview and three focus group interviews of school mental health professionals at all levels of education: primary, middle, and secondary. The analysis of the data was done through analytic reduction of themes and codes (Creswell). In seeking significance through these methods, the researcher sought to draw out the "how" and the "why" of the lived experiences of the participants (Creswell). This process gives an exhaustive and thorough description of the data.

Sample Selection

Originally the study was created to examine how school counselors worked with evacuated students and their families after Hurricane Katrina. Sample selection was based primarily on information about school counselors in the district that was chosen, yet as the study progressed other school mental health professionals were asked to come to the group interviews. Learning about the collaboration of these school mental health professionals enhanced and changed the way the study progressed, but the sample selection was based on information about school counselors.

The sample for this study was selected from one county in a suburb of a large Southeastern city whose schools served large numbers of hurricane evacuees. The research protocol was approved by both a large urban university's institutional review

board (IRB), and the IRB of the county school system where the interviews took place. Queries were circulated via email in the school where large numbers of student evacuees were placed, and the respondents who were interested in discussing their experiences became the participants for the study.

The county in which these mental health professionals worked was selected for a variety of reasons. First, this county absorbed a large number of evacuees. The exact number is unknown but as of January, 2006 over 5,600 evacuees were living in this county (King & Spalding, 2006). Second, historically, this district has utilized the ASCA (2003) national model for the standards of their counselors, thus alerting the researchers to the level of training and consistency among counselors in that county. Third, the school counseling coordinator had a strong working relationship with the university where the researchers worked. When the researchers reached out to all of the school districts in one metropolitan area shortly after the Hurricane Katrina to offer training in trauma for the school counselors, this county was the only one that responded and accepted training for their counselors. Finally, the researchers felt that the counselors in this district were among the best trained in the area, and they could give a representative example of how well-trained school counselors handled this event.

Participants

There were 12 school mental health professionals interviewed for this study. They worked in schools that served large numbers of evacuated students after Hurricane Katrina. Three schools were represented, one at each level: elementary, middle and high school. Two elementary school counselors (both female, one White and one African American) and three middle school counselors (all White, two female, one male) were

interviewed. At the high school level there were four high school counselors (all female, two African American, two White), a school psychologist (White female), a school social worker (White female), and one high school intern (White female). It should also be noted that one middle school counselor refused to sign the informed consent and excused herself from the focus group setting prior to beginning the interview. All others invited to participate accepted for a total of twelve participants.

All mental health professionals in this study were given a pseudonym. The elementary school counselors were Andrea and Kelly. The middle school counselors were Brenda, Cecilia, and Jim. And the high school counselors were Claire, Janet, Erica, and Melissa. The school psychologist was Linda, and the school social worker in the high school was Ann. Erica and Melissa were only present for the last part of the interview, and they did not speak as much as the other high school participants. The high school counseling intern was Courtney. Courtney was interviewed individually because she was no longer working at the high school where the group interview took place. An individual interview was used in this study because Courtney was identified as someone at the high school who worked extensively with the evacuated students.

Data Collection

Interviews were conducted at the school mental health professionals' schools during the school day one year after the evacuees arrived in their schools. Since the event had occurred a year prior to the interviews, the researchers felt it was enough time for the counselors to have processed what had happened but was not too much time that they would forget details about their experience. Also, the interviewers believed that the schools may have been strained during the initial influx of students, so they wanted to

wait for the crisis to be over before interviewing the mental health professionals. The interview protocol utilized a semi-structured interview which is outlined in Appendix A. These questions were derived from an initial literature review that included information about the role of school counselors and how they work with trauma. All of the interviews were audio taped and transcribed by doctoral students, one of which was the primary researcher for this study. Each interview lasted on average one and a half hours. Using constant comparative analysis (Glaser & Strauss, 1967) during the initial data gathering the researchers/interviewers met as a team to discuss themes after each interview. When a new theme emerged, the ensuing interviews were restructured to further examine those themes. The researchers continued to interview participants and meet as a team until no further themes developed in the data. For example, after the first interview, the researchers and the doctoral student (the author of this paper) who served as a process observer, met to discuss the themes that they felt were new information that was not reflected in the initial semi-structured interview. One theme that became apparent after the first interview was that the interviewees felt a lack of support within the structure of the school itself. This new information was added to the questions so that it could be examined in future interviews (see Appendix A). There were no follow up interviews in this study.

Data Analysis

For this study a different research team (with the exception of the primary researcher) was employed to re-analyze the data using phenomenological methodology (Creswell, 1998). The team consisted of one doctoral student in counselor education, one doctoral student in counseling psychology, and the primary student researcher who is also

a doctoral student in counselor education. All members of the research team have training in qualitative research methods. Prior to reviewing the data, the researcher and the research team attempted to "bracket" their feelings about the phenomenon by memoing about their personal feelings and assumptions (Moustakas, 1994). The purpose of bracketing is to approach the data with as new and fresh a perspective as possible so that the lived experiences of the participants can become evident. It was also important for the research team to acknowledge each other's assumptions so that when analyzing the data, each researcher can be held accountable to the other members of the team. The researcher continued to memo throughout the data analysis process to make her own assumptions known. These memos were also incorporated into the final analysis of the data as an additional source of data which was examined by the team. An example of one of the topics discussed in the bracketing meeting was the influence that the media coverage of Hurricane Katrina had on the researchers' images and assumptions about evacuees.

As Creswell (2007) suggests, after the researchers completed their initial memoing, the primary researcher read through the data a number of times to get a feeling for what the data revealed.. As a result of this step, the researcher identified significant statements that the research team reduced into smaller pieces of information. These significant statements became the themes for the study.

The codes or "meaning units" (Moustakas, 1994) for these significant statements were developed by the primary researcher and developed throughout the coding process with the research team while analyzing each of the four transcripts. A code book of each of the meaning units was established, continually developed through the coding process, and used consistently by all members of the team (See Appendix B) . The members of the

research team coded each transcript independently, making notes of significant statements which did not fit into the codes identified by the team. If the team felt that a statement had significance, but it had not met the criteria for a code, they discussed and added an additional code to the code book. The team then reexamined already coded data to see if that new code would be supported by statements made by the participants. The team then came together to reach a consensus about each code and meaning unit.

The codes for this study were put into temporal phases. Upon the first reading of the data, understanding the sequence of events became apparent to the research team. Thus, each of the codes were put into five phases: Phase I: Pre-Katrina Experience These were the experiences of the school mental health professionals prior to the arrival of the evacuated students. Phase II: Preparation for the evacuees. The participants had to prepare for the arrival of the students. Phase III: Initial Experiences. These were the first experiences that the participants had with the evacuated students. Phase IV: Prolonged Experiences. Once the students had been in the school for a while, the participants discuss their every day experiences. Phase V: Lasting effects. How the participants coped with the changes that came with the evacuated students. In order to understand the stories of the participants, the research team had to apply a temporal lens. These phases are further described in the results section of this paper.

After all of data had been coded, reduced, and the team had come to a consensus related to the significant statements, the primary researcher listed each of the significant statements through the process of horizonalization (Moustakas, 1994). The consensus process and the theme development will be further discussed in the section summarizing trustworthiness. This process gave each of the statements equal value. Then the

statements were clustered into larger themes. Each statement illustrated the theme. The researcher then wrote about the essence of the experiences of the participants using examples of statements made by the participants to create a better understanding of their experiences. The researcher then created an "exhaustive description" (Creswell, 2007 p.160) of the data incorporating a textual and structural description into one exhaustive description which became the results and discussion section.

Trustworthiness

The data analysis of this current study was done four years after the initial data collection, and the participants were not available for member checking. In order for the team members to ensure that their work was trustworthy, three different audits were implemented. Using methods outlined by Creswell (2007) the researcher sought to gain confirmability from the research team and an outside auditor. Creswell (2007) suggests using two sources of trustworthiness, but this study used multiple processes to ensure the trustworthiness of this study. All processes of data analysis were documented by the researcher, and those processes were confirmed by the research team and the outside audits. The research team for this study came to a consensus on all areas of the data analysis. The consensus process was recorded and internal validity was ensured by using an equation presented by Bakeman and Gottman (1997), the Inter Coder Agreement (ICA). All of the agreements and disagreements for each code were recorded. The total number of agreements was divided by the total number of disagreements and then multiplied by 100. The goal for this process was to reach 90% agreement which was met by the research team which was exceeded in the coding of each interview: 100% for two of the interviews, 98% for one interview, and 97% for another interview. The research

team also agreed on all of the themes and subthemes. The data analysis was recursive in that the team coded the each interview separately, and then the team came to together to discuss and come to a consensus on the codes.

For the first audit, the data were sent to an outside auditor to ensure that the coding process had been conducted properly. The outside auditor was a doctoral student at a different university who is trained in qualitative methods and has conducted qualitative research. She agreed that the process had been done according to the methodology. The second audit was conducted in relation to the themes. Van Manen (1990) suggests removing the themes from the tables in which the statements are placed to see if an outsider can identify the theme. This process was done with another outside researcher who is a doctoral student in counselor education. She found that the themes were supported by the quotes. The third and final audit was conducted by another doctoral student who had recently graduated in counselor education. His role was to review the entire paper trail of the study.

The data also were collected in a recursive manner using literature to inform the initial questions and using previous interviews to inform future questions. This process led to the credibility of the study. Due to the inability of the primary researcher to reconnect with the participants of the study these audits and reliance on previous processes were used to ensure that the research is rigorous and trustworthy.

Research Team Process

Conducting trauma research can take a toll on researchers. The research team came together after the research was analyzed to discuss the process of data analysis that they had just completed. The discussion was process observed by a doctoral student in

Counseling Psychology, and it was recorded and transcribed by the primary researcher. During the meeting one of the topics that the team discussed was how the team used a protective process in order to enter the data. One of the research team members said that he noticed that prior to each of our discussions about the data. “We can’t just go right into it, I have to go into these other areas of my life to get that stuff out first. Funny, there has to be food, it’s interesting. We have to develop our own little cultural piece before delving into this other culture and this other system. It’s a workout, it’s a mental workout.” The team created a ritual around the data analysis that enabled them to work with the data without allowing it to overwhelm them.

The team also recognized that because of the media coverage of Hurricane Katrina, each team member had preconceived ideas about who the evacuees were. Prior to beginning our data analysis the team met to discuss assumptions about the research study. These assumptions included ideas about the evacuees as well as ideas about how school mental health professionals should respond to students who have suffered a trauma. All three research team members had worked with individuals who suffered from PTSD, and all of the team members had strong ideas about the types of interventions that should be used with traumatized individuals. The team used the information from this first meeting while coding the data. The team checked in with one another about the assumptions that were discussed in that first meeting while coding the data.

After the data analysis was complete, the team members all felt that this initial bracketing process was invaluable because it enriched the discussions that the team had while coding the data.

Results

The results for this study are organized into six themes: *Systemic Factors in Perception of Job Efficacy, Culture and Community, Retelling of Story and Sequence, Role of the School Mental Health Professional in their work with Evacuated Students, Training and Preparation, and Lessons Learned* (see Table 1). The first two themes relate to the participants' experiences of others. *Culture and Community* relates to the participants' experiences of the students. The last four themes relate directly the experiences of the participants. Several of these themes are divided into subthemes to better illustrate the experiences of the participants. The subthemes are described and detailed in each themed section. There were four interviews that were analyzed. As stated above, three of the interviews were group interviews: elementary school, middle school, and high school. The individual interview was with the school counselor intern who worked at the high school where the school mental health professionals were interviewed for this study. The following results present the analysis of these interviews.

Systemic Factors in Perception of Job Efficacy

The participants in the study were working within a system. The participants were influence by the needs of the teachers, other mental health professionals and administration. The systemic nature of working in schools had an effect of how the participants interacted with the evacuated students. Each group seemed to have different experiences of working within the system. This theme is broken into two sub-themes: *perceived support from administration and colleagues leading to positive experiences,* and *perceived lack of support leading to negative experiences*.

Table 1

Themes and Subthemes from Interviews

Themes	Subthemes
Systematic Factors in Perception of Job Efficacy	• Perceived support from administration and colleagues leading to positive experiences • Perceived lack of support from administration and colleagues leading to negative experiences.
Cultural and Community	• School culture differences • Cultural differences
Retelling of Story and Sequencing	
Role of the School Mental Health Professional in the Lives of the Evacuated Student	• Personal view of role • Interventions used
Training and Preparation	
Lessons Learned	

Perceived support from administration and colleagues leading to positive experiences. In the high school interview, all of the participants discussed the importance of the strong working relationship among their team. They also stated that they felt supported by their administration. These positive feelings about their work environment led them to having positive work related experiences. The school social worker, Ann, discussed her positive experiences with the school counselors at the high school. She felt that they were not only good at their jobs, but they also worked well in collaboration with her. “In terms of collaboration here at D that’s one thing I’ve been real impressed with.” She went on to say that the “counselors are very appropriate in their referrals, they’re knowledgeable and very competent in terms of knowing their field and knowing what

they need to do, um, and very easy to work with in terms of making sure that we are meeting the needs of the whole child." She discussed the importance of this strong working relationship in helping to meet the needs of the students.

The high school participants discussed collaboration across disciplines, and how important it is to work together to help the students. Another high school counselor, Janet, remembered that the administration was supportive of any efforts that they were making with the evacuated students. "The assistant principal said do whatever you need to do, we have to help these kids." The high school participants seemed to feel supported by each other and by their administration leading them to have positive work experiences.

All of the middle school counselors discussed the importance of the support that they received from the county office and other counselors in the district. They felt supported by other professionals in their system. One school counselor, Brenda, said that she felt "good to go to a counselor's meeting, and they have people there, and giving us support, ideas, and hear from what other people are going through and experiencing." The other two school counselors, Jim and Cecilia, agreed that those meetings were helpful to them.

Perceived lack of support from administration and colleagues leading to negative experiences. The elementary school counselors had a harder time finding support. They both talked about problems of communication between the counselors and the administration. They reported struggling through the year that the evacuated students arrived at their school. Prior to the students' arrival the counselors had been moved to smaller offices, and they reported believing that the move represented the way that others

felt about them in their school. Andrea said that it felt like she was "not valued. They're not providing me with space that I need when there is ample space in the building."

The elementary school counselors discussed another mental health professional who had worked in their school the year that the evacuated students arrived who was not interviewed in this study. They said that she had been moved to a different school. They believed she had been moved because of the work that she had done with the evacuated students. Andrea said, "What it was is that the administration was in opposition to the amount of help or the type of help that she was trying to provide, um, for the families." They said that they had to create programs that satisfied the administration so that they themselves could work with the evacuated students. They said that as long as the intervention was academic the administration would support it. So they decided to "be mentors for these students because that way we can at least get some time with them, you know, as long as it's academic." As the two counselors were processing the events of the prior year Andrea recognized how challenging the year had been for her. She said, "Now, that's funny because I haven't really processed it like this before, but last year was probably one of the worst years I've had here as a counselor, I mean, just in terms of common respect." She discussed that she had considered leaving her job and even the profession:

> I just thought I was in the wrong place. I prayed about it. I took it so personally. But not once until this moment did I really think it had anything to do with Katrina. I really didn't . . . I just know for sure that the two of us felt very persecuted last year.

The other school counselor, Kelly, went on to say that she did not feel the sense of disrespect until the evacuated students arrived in their school. "I didn't feel that way really until the children got here." Both women had a difficult year, and they did not feel

appreciated or supported by their administration. They felt as though they could not do the work that they wanted to do with the evacuated students. That school year had taken a toll on them professionally, so much so that one of the women considered leaving the profession.

The middle school counselors did not seem to struggle in the same way as the elementary school counselors, but they did face challenges. Though they felt supported by the county offices, they discussed difficulties that they had as a team. They discussed the fact that as a team they did not collaborate or even get along. They felt that the work that they had done suffered because of the tension they felt on their team. They were realizing that they had not supported the counselor who had worked most closely with the evacuated students, and Cecilia said, “It’s hard to support someone if you have tension between the team members.” Cecilia suggested that it would have been helpful to have had a more collaborative and cohesive team with whom to work. She said, “Having a cohesive team in a school, is the most, I think one of the most important things because then you can really communicate, if it’s not, if you are not cohesive, then you don’t communicate effectively.” These communication struggles seemed to be a challenge for the counselors who were present in the room, and it is possible that the lack of support that the team members gave to the counselor who had worked with the evacuated students led her to walk out of the interview. She may not have wanted to discuss her experiences around people who she did not feel were supportive of her efforts.

Therefore, all of the participant groups had different experiences of support by others. The middle school counselors felt guilty that they had not supported the counselor who had done so much work with the evacuated students. The elementary school

counselors had a very difficult year because they felt that they were not appreciated, but the high school counselors felt supported by both their team and their administration. They felt that the work that they had done the year that the evacuated students arrived at their school was effective.

Culture and Community

The participants spent a great deal of time in the interviews discussing challenges that the students faced in their schools. Many of the participants expressed an interest in helping the students acclimate to their new school environment. The transient nature of the students' stay in the participants' schools provided a barrier for this sense of community to occur. Many of the students did not know if they had homes and schools to return to in their home-towns. Thus, they did not know how long they were going to remain in their new schools. These unknown factors coupled with what the participants attributed to cultural differences made assimilation into the new schools difficult. The participants suggested that this difficulty for the students made their jobs more challenging. This theme is divided into two sub-themes: *School culture differences* and *Cultural differences.*

School culture differences. All of the participants discussed the fact that the evacuated students were not academically in the same place as the other students in their schools. One of the high school counselors stated they were "under schooled" and that they were behind grade level. One middle school counselor who worked primarily in the area of academics, Cecilia, found that the school systems were different. "Some of our kids came in really working on second and third grade level coming into sixth grade, you know, um, really low, low schooled. I don't understand that, but from what they, what

the parents told us. It's so political, the school system is so political over there that it impacts the kind of education they get."

One of the middle school counselors also found that the students and parents were not invested in the new school. Brenda said, "And there was no buy in for the school system. Like now, we're integrating ourselves into this community, and we're gonna be a part of it. There was no parent involvement on that level."

In all of the interviews, the participants reported that the students wanted to return to their homes. Courtney who created a support group for the students found that "most of those kids felt that they were, that they knew that they were going to be going back or they weren't going to be staying in D or that they, their families already had a like a plan in place." The high school psychologist, Linda, noticed the students who she encountered had a hard time with motivation:

> There were several of them that we had to say to them, do you understand that what you do or don't do here, even if you do go back to your home school, will go with you. (Laughing) They just, there were a bunch of them who really thought that it was ok to not do their assignments, that they were just hanging out.

Claire agreed that she felt like some of the students were "passing time" until they could return home. The high school participants also struggled to find out where the students were academically. They suggested that it was hard to place them in classes because the classes that they had at their school did not correspond to the classes the students had in their home towns. Claire said that they had "misplaced [the evacuated students] because of what they had told us." Erica stated that without the records of the students it was hard to place them in classes. She said that the information that they were getting was "second-hand" from the students themselves. And Melissa had a hard time contacting parents and school officials so that she could place the students in the right

classes. She said she would call school officials at the students' home schools there was "nobody there, I mean nobody."

The elementary school counselors said that the teachers with whom they worked also struggled with where the evacuated students were academically. Kelly said, "Everybody was worried about their academics." She went on to explain that the administration was concerned about how the evacuated students would affect the school end of the year report. With new regulations in the No Child Left Behind Act (2001), children were placed into groups and the school required them to meet certain requirement in order to receive funding for different programs. Kelly explained that since the students were not grouped together as a sub-group in special needs their scores would be reflected in the school's end of the year report. "Then part of the Bush's No Child Left Behind…we were wondering would they create a sub group because in the sub group scenario, [they] are held to another standard." She went on to explain that they did not get their own subgroup. "They just kind of fit in whatever the existing sub groups were." The other elementary school counselor, Andrea believed that this resulted in some sort of distancing from the students. She stated that the students received "different treatment." Both of the elementary school counselors noticed that since the students came to their school with lower academic scores, they were not treated the same as the students who were already part of their school.

The elementary school counselors went on to tell a story about a family in their community who had lost their home to a fire the prior school year. They said that the school had a "hat day" to raise money for the family and Kelly said that family was "a very privileged family to begin with, already had insurance to cover everything. They

already had another house in [the area] that they were leasing the day after the incident." But she noticed that the outpouring of support that this family received was not the same as the support that the evacuated students received. "And then you have these 40 families that are homeless, went through this catastrophic event, and it's like, where's the compassion?" She did not understand how the school could not have responded to the evacuees' needs better. She stated that it "just struck me as so, like, the disparity in our school system." Kelly noticed that the evacuated students were not treated with the same compassion as a family who were part of the school community. She expressed disappointment in the school community's response to the students. She and Andrea both suspected that since the students who had evacuated to their schools were academically and financially different from their students that they were not treated with the same respect as their students.

One middle school counselor, Cecilia said, "We have had a lot of really serious academic challenges." She remarked that she thought that the school cultures might be different:

> These kids are challenged academically, and I'm not sure if it is just because of how the schools are there but…their schooling is not up to what ours is, not that ours is the highest, but they have a lot of challenges in the academic area.

She suggests that the culture of the schools could have been different, and perhaps that is why the students struggled academically when they arrived at their new schools.

Differences in school culture seemed to be apparent to all of the participants. In each of the group interviews and in the individual interview, academic challenges for the evacuated students were mentioned. The high school counselors discussed the challenges that they faced in placing the students in the right classes. The middle school counselors

suggested that school culture might have been different at the evacuated students' home schools. And the elementary participants discussed the negative implications of academically challenged students entering a school whose end of the year scores were affording them funding that might be compromised by the lower achieving evacuated students.

Cultural differences. The participants expressed how difficult it was to get to know the students. Since the students had come to the school with so few possessions, the participants found it challenging to get to know and relate to the students. One of the high school participants, Linda, said that "there was just nothing basically to tell us, they had no clothes to tell us their personalities, they had no records to show us how they've done in school. It was just really like they hadn't come from the United States." She went on to say, "It was just amazing. How quickly, how all of a sudden we had all these kids with diverse educational backgrounds and nothing to speak of. No records, no belongings, nothing. You're starting from scratch. Like someone coming from a foreign country almost, it was amazing that they were coming from somewhere else in the Southeast even." Linda expressed how challenging it was for her to understand the students because the typical identifying markers such as clothing and school records were absent in the case of the evacuated students. She suggested that the students were foreign to her.

When the high school mental health professionals were asked to describe how they specifically helped them to assimilate into the community, one of the high school counselors, Janet, stated:

> Enter into the community? Well it was hard to do because most of them didn't have computers, they didn't have anything, and we were faced with a situation, the parent couldn't even drive them to the library to get a computer because they didn't have a car. They didn't have anything. So

> we were trying, we were struggling with that the whole time. I'm not sure that we ever came up with a real answer for that because they just had nothing.

According to Janet in order to assimilate into this school community, it was important for students to have computers. She suggested that since the students did not have this technology they were not able to connect with the other students in the school.

One of the elementary school counselors, Andrea, stated that even identifying the students as a group was a challenge. "People don't know what to call this group of people. Are they Katrina evacuees? Are they refugees? Are they..? I mean, so many names got tossed around. I mean, when we would call a group of students, we would send out 'Katrina evacuees' this week and the next week something else." Once the participants did get to know the students better they uncovered many cultural differences that served as a barrier for the students' assimilation. The evacuated students dressed and talked differently than the other students. They also had come from communities in which they spent their leisure time differently. One of the middle school counselors, Brenda, said that "a lot of the kids don't like it here because there is nothing to do. See in [their home towns] they could walk out on their street and there was always activities and things going on. Here it's different, everything is so far."

The high school counselor intern, Courtney, discussed a cultural misunderstanding between the evacuated students and the administration of her school. During one of her groups she had the students create tape art on the walls in a hallway in the school. The students used symbols and art to express who they were. When an administrator saw the tape art, he instructed the intern to take it down because he could not be sure it was not gang-related. "I think that one them asked the principal to come down and look at it, and he said that it all had to come down immediately. Cuz, and I

know that there's like gang stuff there, but there was nothing gang-related." She went on to explain, "But when they [the evacuated students in her group] had to come down and take it down that same afternoon, they were disappointed. And I could tell it was like their way of saying 'Hey we're here.' You know, and um, and I was just really disappointed in that." She felt that they were trying to show people who they were, and they were not accepted. The students were culturally different, and they were not understood by others.

Retelling of Story and Sequencing

The research team discussed challenges with the data in relation to understanding how the participants explained their experiences. Initially, the research team struggled to understand the school mental health professionals' experiences because when the participants discussed their experiences with evacuees, they did not seem to follow a linear timeline. In order for the research team to conceptualize the participants' experiences in the first interview (elementary school group), the team had to apply a temporal lens to the coding process. For example, the codes for the analysis were put into phases: *Phase I, pre-Katrina experiences; Phase II, preparation for the evacuees; Phase III, initial experiences; Phase IV, prolonged experiences; and Phase V, lasting effects* (see Appendix B). Once the team used a temporal framework, the participants' experiences were more easily understood. When recounting their stories, the participants who discussed in detail their work with the evacuated students tended to be more circular in their story telling. They would start discussing something that happened in the early phases, and they would end their statement with something that had happened the day of the interview. An example of this type of moving between phases was from Andrea.

"Yea, the kids (evacuees) came in like October, September, October (Phase III)…I mean, our program, we have to be as flexible, I have six things on my agenda to do this morning, and I ended up making a DFACS call and having a DFACS person come in. I mean my whole morning got crazy, you know(current information)?"

Yet the participants who seemed to have less interaction with the evacuees (the middle and high school group) were able to explain their experiences in an easily understood linear way. For example, the high school mental health professionals were very positive about their work with the evacuated students, yet they did not discuss in detail the interventions that they had done with the students other than providing them with resources. In fact, they identified the school counseling intern's interventions in more detail than their own work which seems to be because the intern did the majority of the work with the students.

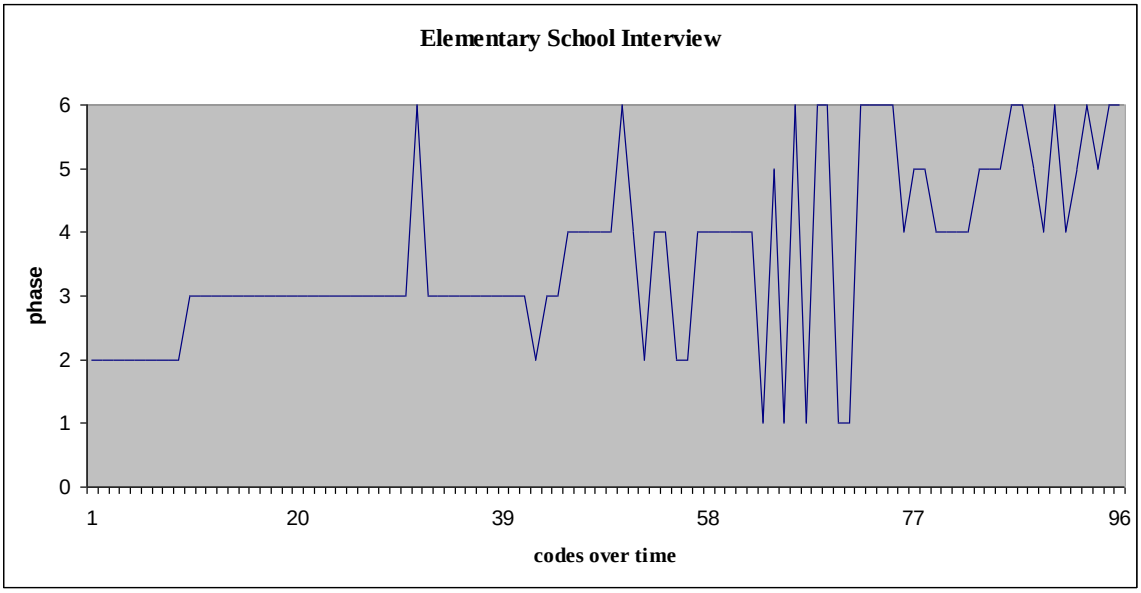
One of the high school participants, Linda stated that she did not even know that some of the students were still in her school. "One of them I just saw in the hallway last week, and I did not know that he was still here." Yet the whole interview flowed in a linear manner. The high school participants started their conversation with the interviewers in Phase II, preparation for the evacuated. Claire said, "I was just not knowing what to expect or how many or what state the kids would be in", and then they quickly moved to Phase III, initial experiences. Linda stated, "And they were in shock and you would be." After a few minutes of talking about their experiences in Phase III, they transitioned into Phase IV, prolonged experiences, where they stayed for the majority of the interview. One of the high school counselors, Janet, said that the issue that they found with the students was that "many of them thought 'well this is temporary.' " It

is not until the end of the interview that they transitioned to Phase V, lasting effects. Though the participants in this interview unanimously describe the schools' and their response to the evacuated students in a positive way, they also did not discuss in great detail the work that they themselves did with evacuees outside of getting resources to them. This type of intervention is discussed under the next theme.

This confusion of time was evident across all themes in two of the interviews: the elementary school group interview and the high school counselor intern interview. In both of these interviews, the interviewees discussed their involvement with the evacuated students. However, in the middle school group interview and the high school group interview the participants were able to talk about their experiences without the same confusion of sequence. In the middle school interview, a school counselor who did not participate in the study was identified as the person who had worked most closely with the evacuated students and their families. In the high school interview, the school counseling intern, Courtney, was identified as the person in their school who had worked most closely with the evacuated students. The confusion and chaos that the elementary school mental health professionals and the high school counseling intern expressed in their experience with the evacuees was reflected in their retelling of their stories, and the middle school group and the high school group did not have the same difficulty with the sequence of events.

Roles of school mental health professionals in their work with evacuated students

The participants expressed how they viewed their roles in the lives of the evacuated students, and there were some commonalities and differences among them. The perception of these roles appeared to affect the interventions and programs that they



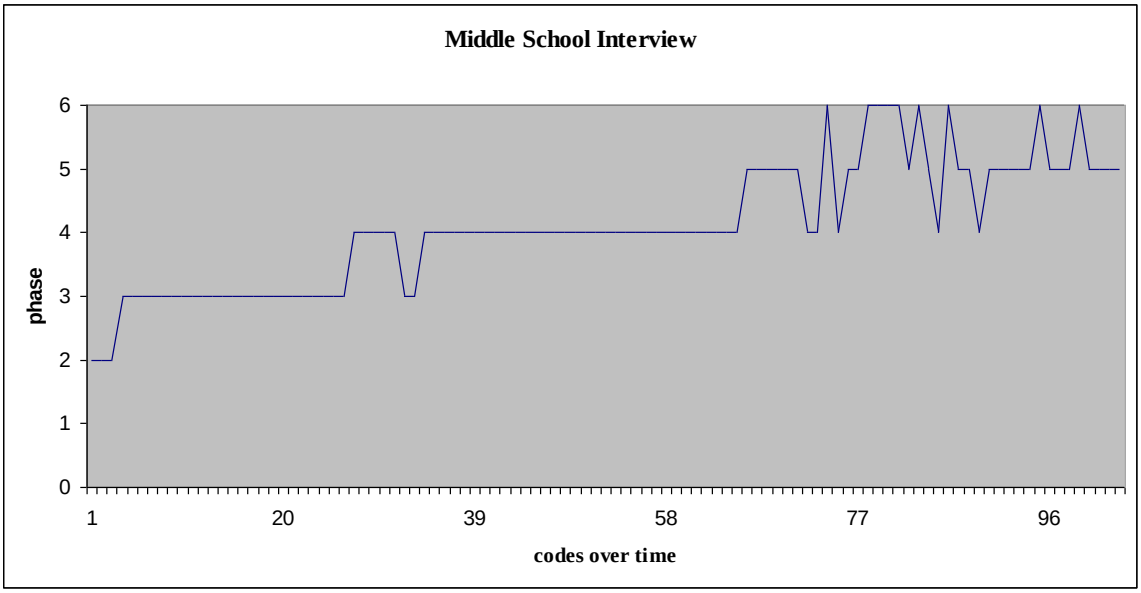


Figure 1. Examples of Phases over Time during the Interviews. Each code in both transcripts was graphed by phase to show a visual representation of the order of the participants' stories.

used with the students. It also seemed to dictate how much interaction each of them had with the evacuated students. Each school's administration and faculty was reported to have influenced the interventions that each of the participants used.

Personal view of role. The two elementary school mental health professionals, Kelly and Andrea viewed their role with the evacuated students as the people who would focus on the social and emotional well-being of the students. Kelly said, “We’re worried about social/emotional and how it’s impacting academics.” She also stated that they wanted to “build a connectedness between the students so that they did feel a sense of camaraderie.” She viewed her role in the lives of the evacuated students as the school professional that would facilitate their entry to the new school while also focusing on their social and emotional well-being.

The high school counseling intern, Courtney, viewed her role in much the same way as the Kelly. She was struck by the media coverage of Hurricane Katrina and the strong images of the devastation. She stated that she felt a “sense of urgency” in helping the children who were coming to her school. She said, “I felt like we need to have a support group here for these kids so, um, I kind of initiated that.” She wanted to create a “place for them to get support and find other kids that were experiencing the same experience.”

During their interviews, the middle school and high school groups identified someone else in their schools who had assumed the role of working directly with the student evacuees. Two of the high school participants spoke specifically about their roles as continuing the work that they had always done within the school systems. One of the high school counselors, Claire said that she already had responsibilities in the school prior to the arrival of the evacuated students so when the intern started working with the new students it worked for her. “I think it was by default because we had so much else going on already and this was one more thing. And so she (the intern) started with them

at the beginning of the year." Claire said that she focused on the "academic side", but when the evacuated students sought out someone with whom to speak, they sought out the intern. "When the kids had something on their mind they went to Courtney (the intern)." Claire said that her "role didn't change", and she asked one of the other school counselors, Janet, if her role had changed as a result of the students' arrival. Janet responded that it had not changed. The others did not respond to this question verbally.

One middle school participant, Jim said that "one counselor met with these Katrina evacuees on a regular basis for quite a while." The counselor to whom they referred did not wish to participate in the study. She came to the interview, but when the interviewers explained that they wanted to learn about how they worked with the Hurricane Katrina evacuees, she left. She also refused all subsequent contact with the interviews. The middle school participants did discuss her involvement with the students, and Jim referred to her as the "Katrina person". Jim said that he was somewhat relieved that someone else had taken over the role of working with the evacuated students:

We more or less had at this school, one counselor that kind of took it, took the bull by the horn so to speak and make connections and helped them form a family or a community if you would, and um, for me as a counselor I kind of always knew that ok, that is being taken care of, and I hate to say it but maybe somebody else is taking care of this.

The middle school participants did not specifically state that their role in the school had not changed, but they did not discuss interventions that they had used with the evacuated students other than those that were focused on academics or handing out

supplies. All three of them referred to the work that the absent school counselor had done.

Interventions used with evacuated students. The way that the participants viewed their roles appeared to correspond to the interventions that they used with the evacuated students. The teachers and administrators of each school also influenced the types of interventions that the participants used with the evacuated students. Meaning that the participants did what their administrators wanted for them to do. Also in the case of the intern, she worked under her site supervisor, and she worked in the in which direction that her supervisor wanted her to work. The interventions that they used with the evacuated students and their families ranged from individual and group counseling to connecting families with resources.

Both of the elementary school counselors used groups and individual meetings with the evacuated students who were in the grades to which they were assigned to work. The elementary school counselor who worked with younger students in kindergarten and first grade, Kelly, said that she did not think that they were developmentally able to process the events. “They are not really ready to process. I mean, they can draw a picture, and they might be able to say a little bit about it.” So she and Andrea used story metaphors with both small groups and individuals. Andrea discussed using a published story that was intended for use with children who had suffered from a traumatic event. “That’s the whole basis of how this writer approached trauma was that, not to just come out and say, you know, have you ever been in a storm? But to say, have you ever been in a dark place?” They also found that they were in charge of handing out supplies to the students. Andrea handed out “backpacks, book bags, backpacks. But I mean just all

kinds of school supplies. Even little stuffed animals. They had candy in there. But of course, you know, the generic stuff too like pencils, paper." For these school counselors, disseminating resources led to role confusion.

Andrea stated that she "felt more like a social worker than a counselor." This role was not something that she felt prepared to do, and she explained that there was "no protocol" as to how to keep track of who was receiving what supplies. This intervention was based on a need that the students presented to the school, and there was no one else in the school to coordinate these efforts. Andrea said, "There was no protocol in place for how to distribute the funds or supplies." Kelly agreed saying that "there were really no instructions or guidelines on how to disperse" the items. This intervention did not align with how they personally viewed their role as the "social/emotional support" staff. Andrea stated that she felt a "whole sense of just out of control" doing the work of handing out supplies.

Each of the high school and middle school participants, with the exception of Melissa and Erica, discussed handing out supplies and connecting families with resources. One middle school counselor, Brenda, discussed that her work with the students and their families focused around getting them the supplies that they needed. "And I also spoke with a lot of their parents. They were calling in and you know, about different things, about, you know, areas and needs that they need for their children. We took up a donation and umm, we had backpacks and clothing donations and food." The high school participants did the same. The school counseling intern, Courtney, did a needs assessment with each of the families, and the other high school mental health professionals helped to get the resources that the families needed. A high school

counselor, Claire, explained helping to coordinate getting the resources from the parent association in the school, saying that the intern "basically got a wish list for each kid and what they could supply they did. If there were clothes, computers, just kind of trying to help all of the students as they were here." Therefore, it appears that the high school and middle school participants' initial interaction with the evacuated students seemed to revolve around getting resources for the students and their families.

The high school intern reported more extensive interaction with the evacuees. Courtney "created a brochure" to help the students to learn about their new school. She sent home a needs-assessment to make sure that their basic needs were being met, and she created a support group. She wanted the group members to be able to connect with one another and share their experiences. She stated that the goal for the group was to help them to the feel "connection, to feel like they've got community, people that they absolutely relate to, feel their pain, know what they're going through, and have that contact with them, and um, and I felt, yea, and I felt, I think that's what it did. I really do." She also worked with the students individually. She discussed one student who had never received special services, but she had him tested and found that he qualified for services from the school. She knew the students so well that she even mentioned in her interview that she was still receiving phone calls from the other counselors with questions about the evacuated students.

Thus, as shown above, all of the participants had some interaction with the evacuated students, but some of them worked more closely with them than others. Others had ideas of how they wanted to work with the students, but the school system dictated

that they do something different. The next theme deals with the systemic factors that contributed to the how the participants interacted with the evacuated students.

Training and Preparation

The participants spent the majority of their interview discussing others: the evacuated students, the students' families, and other school personnel. However, they did discuss their own preparation and training. Some of the participants discussed that they had not had any training in the area of trauma. They suggested that even the limited training that they did have was not sufficient to prepare them for the experiences of working with these students. One of the elementary school counselors, Andrea, said, "We'd done crisis training, but this was real. This was something that ya know, um, maybe not like a bus crash or ya know, an intruder. Um which we probably wouldn't know exactly what to do in those cases either 'cuz no amount of training can really prepare you for the emotional um, ya know, toll that that can take on a school and our community." When asked what advice Brenda might give to someone else in a similar situation might be she said, "Be prepared for chaos." And another middle school counselor, Jim, suggested "have a crisis plan in place." He suggested that a crisis plan should address the challenges of a large scale tragedy. "I don't know I ever had anything that could ever really prepare you for that. We talked about crisis and stuff but usually it's a student, a handful of students, somebody dies in a car accident, um, a problem at a school, not a problem with a huge city." Though the schools where the interviews took place all had crisis plans, their plans did not include a crisis of this nature.

One high school participant, Linda, suggested that training counselors to teach students to advocate for themselves would be helpful. "Right, but I think the critical thing

that we were talking about teaching, preparing counselors for something like this, is um, um, is helping them to find strategies to empower students to make that transition, what ever pace they're ready, from victim to advocate." But most of them did not feel that any classroom training could have prepared them for the upheaval that they felt.

Lessons Learned

The participants were asked what they had learned from their experiences with the evacuated students. Their answers varied, but most of the participants shared at least something that they had learned from this experience. Even those participants who had not spent a great deal of time with the students themselves found that there were lessons to be learned from this experience.

The elementary school counselor, Andrea, who was considering leaving her job at the end of the previous school year, said that the lesson that she learned was about the importance of collaboration and how mutual appreciation among co-workers can lead to positive work environments:

> I think what I take from this whole thing is that we need to recognize the fact that we are all stakeholders here. We're all part of whatever happens. And that you can't regard one person as 'you're doing a great job' because you're improving test scores without recognizing that you've got to make sure that they get here to take the test, or you've got to give them something to hope for in order to get them out of the bed in the morning."

She discussed the importance of helping students with emotions, so that they can work on their academics. She believes it is important for others in the school to recognize the value of her work in that area. The other elementary school counselor, Kelly, agreed that she wished that there were more communication saying, "We need to pull everybody together." It seems that in the elementary school the experiences with the evacuees exposed some of the tensions within their system.

A middle school counselor learned different life lessons. One of the middle school counselors, Cecilia, said that she was personally affected by the experience. She said that her perspective on life had changed. She said that she does not "take anything for granted, could be here today, gone tomorrow, you know, you realize and you thank God for things you have and for things you've experienced and, you know, cause it can happen to anybody." None of the other middle school participants answered the question directly.

The high school participants were all proud of how they responded in the situation. They suggested that other schools do similar interventions as the one that their intern had done. One school counselor, Claire, liked the way that the intern had structured the group. "As far as the group, leave it kind of open." Another high school counselor, Janet, said that she felt that collaboration was important. "I think a big component is the collaboration…there is no way that we as a department could have handled all of the things that were, that were done to help these kids." She suggested that when such a large scale tragedy occurs, it is important for those in the helping professions to work together to help meet the needs of those people who are affected.

The high school intern, Courtney, was in a unique position because her goal for the year was to learn about being a school counselor. She learned about working within the system. She had started a support group at the high school where, within the culture of the school, small groups were not typical. She said that she learned that, "if you try to do something that has never been done before, you don't have to say it can't be done, but just realize it may not be what you envision." She learned to be flexible and work effectively within the system so that she could meet the needs of her students. She

discussed her professional growth as a school counselor and how important it is to know how to operate within the system. She said that her biggest learning curve was learning about the “logistics” of the school. She also learned to be patient saying, “You’re not going to make a systemic change at a school that you’re at for a year.” She learned about developing a program and working for the students.

All of these participants had a story to tell about their experiences with the evacuees who entered their community. They learned about themselves personally and professionally, and they learned about the system in which they work. Their experiences can teach us a great deal about how to prepare and work in schools under extremely challenging conditions. School mental health professionals have enormous work loads on a day to day basis. Adding the layer of a new high-needs population entering their school can really challenge a system. By examining the experiences of these school mental health professionals, others can learn from their experiences and use some of the lessons to strengthen their own programs.

Discussion

The experiences of these school mental health professionals can teach educators and practitioners a great deal about how trauma is being treated in school systems. The way that participants recounted the stories of their experiences is as important as the stories themselves. Their perception of their role in the lives of the evacuated students was important in how they worked with the students. Culture also played a critical role in their experiences. Implications for training and practice will be discussed as they relate to the experiences of these participants.

Time and Sequence

According to Herman (1997) difficulty with sequence and time can be a result of experiencing a traumatic event. The school mental health professionals in this study who struggled with time and sequence in their retelling of their experiences were the elementary school counselors and the school counselor intern. In both interviews the women jumped from one phase of their experience to another. They also used language that suggested they were not sure of themselves. They often would check in with the interviewers saying, “you know?” According to the information gathered in these interviews these three women also identified the extensive work that they had done with the evacuated students and their families. It is possible that these women were experiencing vicarious traumatization (Sommer, 2008) as a result of working with the evacuated students and their families. It is hard to know for sure if this phenomenon is what these women were experiencing. However, in the elementary school counselors’ interview, Andrea and Kelly discussed the fact that the school year with the evacuated students was very challenging. Andrea even said it was the hardest year she had ever experienced. She also said that she had considered leaving her job which is often a result of emotional exhaustion and burn-out. It seems apparent that her work with these traumatized students led her to feel some of the same symptoms as they did. At the same time, the elementary school counselors reported not feeling appreciated for their work in the school. One of the protective factors against burn out or vicarious trauma is job satisfaction (Savicki & Cooley, 1982), and when someone feels that they are not appreciated it is likely that they are not as satisfied with his/her job as someone who feels that their efforts are recognized. Wilkerson (2009) found that role conflict can also lead to burn out among school counselors. Andrea suggested that she felt like she was being

asked to do the work of a social worker. She said that her role conflict caused her to feel confused about the expectations of her.

The way that Courtney shared her experiences was of interest. She not only repeatedly said, “you know?”, as if to check in with the interviewer, but she also used language that was depersonalizing. She used “you” instead of “I” when she was discussing her feelings about the experience. When she discussed feeling like she did not have power in the school she used the term she explained it by saying, “You don’t have the ear of the principal, you don’t have the ear of administrators, probably unless you do something real bad (giggle).” When asked about her frustration with wanting to do more with the students she fluctuates between “you” and “I”. “Your hands are tied because like I said the logistics…no one knows who you are, they introduce you in August, and then they don’t see you again; they don’t remember who you are.” She was talking about herself, but she uses the pronoun “you” which might suggest that she was experiencing de-personalization which is also a sign of burn-out (Wilkerson, 2009).

While these participants might have shown signs of vicarious trauma and burn-out, none of them actually identified vicarious trauma or burn-out as something that they were experiencing. If these counselors were experiencing vicarious traumatization it would have been useful for them to seek out supervision or help for their challenges. Educating students about the potential for vicarious trauma is the first step to helping to prevent it (Sommer, 2008). It is important that mental health trainees understand the signs and symptoms not only of trauma in their students, but they must also understand how it might manifest in those who help those people who suffer after a trauma (Sommer). If school mental health professionals understand the phenomenon of vicarious trauma, they

should be able to recognize it in themselves and seek out help in the form of personal therapy, consultation, supervision, or reading on the subject (Sommer).

Role in the School

It is also possible that the elementary school counselors and the school counselor intern's role in the school could have played a part in their dissonance about the school year. The elementary school counselors suggested that they did not feel appreciated, and the school counseling intern said that she felt powerless at times. The intern discussed the difficulty of working as an "outsider" who was trying to instill change. She wanted to facilitate a group with the evacuated students in a school culture that did not support small groups. Ultimately she had the support of her site supervisor, and she was able to implement the groups, but she suggested that the process was difficult for her. She was not a paid member of the faculty, and she worked under the direct supervision of her site supervisor. She recognized her lack of power, and she coped with it by looking forward to the following year when she would be working as a certified school counselor. She said that she realized that "it's not going to be ideal, but when you go into a job, it won't necessarily be that way, and if you want to plug something in, you're going to have a lot more power and ability to do that."

The middle school counselors and the high school mental health professionals who were interviewed did not seem to have the same dissonance about the school year. Even though the middle school counselors discussed their disconnection as a team, they did not seem to have the same struggles with sequence as the elementary school counselors or the school counseling intern. It would have been extremely valuable to talk to the middle school counselor who was identified as the "Katrina person" to see if she

had the same challenges with time and sequence as the elementary school counselors and the school counseling intern.

It appears that those mental health professionals who felt disenfranchised in their schools were also the ones who struggled with time and sequence in their interviews. The middle school and high school participants did not discuss a struggle with their role in the school nor did their interviews reflect a difficulty with time and sequence. Thus, the experiences of these mental health professionals serve as a reminder to counselor educators that it is not only important to educate and train counseling students about vicarious trauma, it is also important to focus a great deal of attention to the importance of systemic issues. School mental health professionals by nature work within a system (Capuzzi & Gross, 2004), and if they feel like they are a vital part of this system, they may feel more job satisfaction (Wilkerson, 2009). A feeling of importance and belonging at work, might serve as a protective factor against something like vicarious traumatization, or at the very least extreme stress (Pearlman & Saakvitne, 1995).

Training

The participants in this study suggested that training would not have helped them to prepare for something like their experiences with Hurricane Katrina evacuees. However, they also said that they did not have a great deal of specific training. Some of the school counselors discussed a training that was done by professors from the area who specialized in trauma and knew a great deal about New Orleans specifically. The ones who discussed this training said that it was helpful. Though the need for continuing education training is vital to those who are currently working in schools it is also important to train mental health professionals in their programs prior to the work that

they do in the field (Paisley & McMahon, 2002). It is hard to know if they did not see a need for training because of lack of training or if it was another factor that led them to believe that there was no way to prepare for this sort of experience.

When training mental health professionals to cope with a crisis, many programs will include a need for clear communication and protocol. One of the hallmarks of a crisis situation is that the first thing to break down is communication (James, 2007), and if there is not a clear protocol in place to deal with this break down, then it will lead to further the chaos of the situation (James). The participants did discuss a need for a crisis plan that serves a larger population. The elementary school counselors suggested that it would have been helpful to them to have a protocol in place to better serve the evacuated students. Others discussed a feeling of chaos when the student arrived. Having a crisis plan that included a protocol for large scale disasters could have proven to be helpful to these school mental health professionals.

It is possible that the participants did not see a need for this type of training because they did not even know what they may have done differently. In the case of these school mental health professionals, they were all doing the best that they could with the situation at hand. In the day to day life of a school, mental health professionals can be very busy (Capuzzi & Gross, 2004). It would be easy to miss the signs trauma in their new students. These professionals had no prior knowledge of these students; therefore, they did not know if the students were exhibiting significant any changes. Further, some of the students were only in their schools for a short period of time. Thus, the mental health professionals did not have the time to get to know the needs of each specific child.

It is also possible that the busy nature of a school setting and limited time with the students could have led the school mental health professionals to miss the signs of trauma in their students. In the following section, the school mental health professionals' perception of cultural differences will be discussed. It is possible that what some of the participants perceived as cultural differences could have been symptoms of severe stress in response to a traumatic event. It is possible with further training, the school mental health professionals may have been able to decipher whether or not students were showing signs of trauma.

Culture

In this study culture was represented in two ways: school culture and culture of the evacuated students. The participants discussed the fact that the students who came to their schools were not academically in the same place as their students. They suggested that the culture of schools may have been different. They also discussed lack of motivation as a factor that hindered the academic development of some of the evacuated students. It is possible that some of those unmotivated students were showing signs of experiencing a trauma (Herman, 1997). Instead of recognizing lack of motivation to be a sign of stress, one participant told the students that they should recognize that their lack of motivation will show up on their records. She told them that the work that they do or do not do at their evacuation school will follow them to their home school. Herman suggests that over time, survivors of trauma have been misunderstood. If it is the case that these students were struggling with symptoms of ASD or PTSD, this type of intervention would not only be ineffective, but it could hinder a trauma survivor's growth and healing. The mental health professionals attributed this lack of motivation to a

difference in the schools themselves which may not have been the case. It is possible that school mental health professionals can misread their students, and they could potential inhibit their healing. This example illustrates the importance of training school mental health professionals to better understand stress disorders because the consequences can be serious for the students whom they serve.

The “Transcultural Assessment and Intervention Model” created by Giger and Davidhizar can be helpful to school mental health professionals when getting to know students who are culturally different from themselves. In this particular situation, the school mental health professionals might have avoided cultural misunderstandings had they had the information provided by these authors. The components of the model allow for practitioners to learn about cultural differences in communication, understanding and perception of time, and social organization (beliefs and values). It is possible that differences in these areas contributed to misunderstandings between the school personnel and the evacuated students.

Some of participants also suggested that culturally the students were different; however, there were times when they did not know how to cope with these differences. The high school and elementary participants in particular noticed a difference between the evacuated students and the students from their school. The differences could have been socio-economic in nature. The elementary school and high school were in affluent areas, where as the middle school was a Title I school (serving a larger percentage of low income students). In the two interviews where culture was discussed in detail, the evacuated students were socio-economically disadvantaged. Whether or not their circumstances were dire prior to the storm is not known, but after the storm, these

students had far less than the students at the schools. They were classified as homeless and were receiving help from the schools in form of supplies and gift cards. Meeting basic needs of these students were the first priority of the school mental health professionals. When students' basic needs are not being met, it is hard to acclimate to a new culture These students were on the outside of the new schools' culture and the community's culture. They came from a different city and state, and they came into the school after the school year had begun. They were true outsiders.

Being outside of the culture led to misunderstandings like the one where the evacuated students' art was mistaken for gang symbols. Courtney discussed an activity where she had her evacuated students create tape art on the walls, but they were asked to take down the art work because of a cultural misunderstanding. Training in culturally sensitive practices can help prevent these sorts of situations, but the training that school mental health professionals receive must be shared with school personnel (Sue & Sue, 1998). Many school mental health professionals provide sensitivity training in their schools and continuing this practice even during critical periods is important.

Significance of this Study

School mental health professionals have a difficult job. When challenges such as large scale disasters occur in their communities or in the lives of their students, they are expected to respond. What this study proposed to investigate is how school mental health professionals experienced one such event. Little research to date has explored the experiences of these school mental health professionals in the face of such a large scale trauma. The participants in this study did not feel that training would have been helpful to them. However they do suggest that a crisis plan is critical to coping with these sorts of

situations. In the analysis of these participants' stories, it became clear that three of the participants were showing signs of burn-out and vicarious trauma, but they did not identify a need for help with this struggle. It is vital that educators learn from this study the importance of educating school mental health professionals about burn-out and vicarious traumatization. If mental health professionals can not see the signs in themselves perhaps other mental health professionals in the system can. It is also critical that school mental health professionals have a clear understanding of stress disorders so that they can help their students to receive the services that will help them to heal. School mental health professionals are in a position to help transform how schools respond to crisis and trauma, and this study is evidence that much work is still needed to help support mental health professionals in schools and the students and communities whom they serve.

Limitations and Need for Further Research

There were only twelve participants in this study, and they represented one elementary school, one middle school, and one high school. Much more information from a variety of different school mental health professionals is needed to fully understand the impact of large scale disasters on schools. The participants in this study were interviewed three years prior to the present analysis, and they were not contacted during the second analysis. Follow up interviews with these participants would be helpful in answering some of the questions about training and culture. It would have also been helpful if member checking was a possibility in this study.

It is also important to note that the format of the group interviews may have limited the way that the participants told their stories. In the group interview not only was

it hard for the participants to fully explain their experiences in great detail, but they also had an audience of co-workers. Having colleagues present in the interviews may have influenced how they explained their experiences. It also seemed that there were times when participants may have wanted to please the interviewer. The interviewers were professors, and they could have been perceived as having more power than the interviewees. This dynamic may have influenced how they answered the questions and how they presented themselves to the interviewers. Since only one interview was done with each group and the individual, it is possible that trust may have been an issue. One interview is not enough time to develop a trusting relationship with participants. It is also possible that the interviewees would have been more candid had they had more time to develop a relationship with the interviewers.

Using a phenomenological approach allowed for the voice of the participant to be heard in this study, but it also limited the amount of analysis done on these interviews. Though the methods used for analysis were rigorous, the results of the study are through the lens of the primary researcher and her research team. The primary researcher was a school counselor in a city affected by Hurricane Katrina. She and her research team used the bracketing process to set aside their assumptions about this experience (Creswell, 2007); however, it is never fully possible to take oneself out of the research. Using a phenomenological lens for this study allowed for these personal assumptions to become part of the process of analysis. The team used them to check in with each other. However, it is possible that there were assumptions that the team held about this type of situation that the team did not even recognize.

Further research is needed to understand more fully the potential for vicarious traumatization in these sorts of situations. Some of the participants in this study showed signs of vicarious trauma while others did not. Research is needed to better understand vicarious trauma in working with populations who have suffered a large scale trauma such as Hurricane Katrina. More research is also needed on the interplay between culture and trauma, and how educators can better train mental health professionals to be equipped to detect these differences in order to better serve their community.

Conclusion

Understanding trauma and its effects is complicated. When a large scale disaster like Hurricane Katrina strikes the United States, the effects are not isolated to one geographic region. School mental health professionals around the country were called upon to work with evacuated students, many of whom were suffering from PTSD or ASD. The experiences of these school mental health professionals are not surprising. They struggled with helping the students to begin classes in their school, and they helped the students to receive much needed supplies. It was the counselors who worked most closely with the evacuated students who struggled the most with their jobs. It is possible that some of these mental health professionals were experiencing vicarious traumatization. These findings suggest a need for educators and supervisors to train their mental health professionals to become more aware of the issues around trauma. Since these mental health professionals were working in schools when this disaster occurred, it is also important for school systems to invest in continuing education about this topic. If trauma remains misunderstood, it is the children who will suffer.

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APPENDIXES

Appendix A

Interview Questions Guide

1. I want to take you back to the beginning of the school year last year. What stands out to you about your experience when student evacuees first started arriving at your school? What stands out in your memory?

2. How did you perceive your role in helping those students in those first few weeks? At that time, what did you think was most important for you to do?

3. Staying with those first few weeks, what were the biggest challenges you faced? How did you address those challenges? Was there support for you to meet those challenges? If there was support, what was it?

4. How comfortable were you working with the student evacuees and their families? What was most difficult or uncomfortable for you? What parts, if any, were easier?

5. What was the nature of your work with those students in those first few weeks? How would you describe your interventions with those students?
    a. How competent did you feel working with students in that way?
    b. Were there other ways you would have liked to work with the students that you believe would have been beneficial? What kept you from working with them in that way at the time?

6. How did the work with student evacuees affect you, personally and professionally, in those first few weeks?
    a. How did you manage the (stress, frustration, etc.—use their word)?

7. As time went on, how, if at all, did you perceive your role changing in helping them?
    a. How did perceive your role in helping students at that time? What was most important for you to do?

8. How would you characterize or describe your interventions with student evacuees later in the year?
    a. How competent did you feel working with the students in this way?

   b. What was informing or guiding the decisions you made about what you should do and how you should intervene with these students and their families? How did you know how to proceed?

9. What types of interventions do you believe worked particularly well?
   a. Do you have any stories about working with students or their families that were particularly successful?

10. What types of interventions do you think were not as successful?
    a. Do you have any stories about working with students or their families that are examples of the types of frustrations you encountered?

11. In terms of feeling stressed or overwhelmed, compare last year to an ordinary year?
    a. How did you handle the extra workload?
    b. How did you manage the stress or tension as a department?
    c. How did you manage the stress or tension individually?

12. If you were in a similar situation next year, what do you think you would do differently? What do you need that you didn't have last year?

13. If you could talk to a group of school counseling students going into their first job next year, what would you tell them about your experiences that would better prepare them?

14. What have you learned about yourself, professionally or personally, through your work with the student evacuees and their families?

15. How has this year been so far? What, if anything, is different?

Appendix B

Analysis Codes

Table 2

I. Pre-Katrina Experiences

1. School counselor efficacy/identity
    a. Training (positive)
    b. Training (negative)
    c. Experiences (on the job)
    d. Belief about self – self efficacy
2. Systemic Barriers
    a. Lack of resources
    b. Job responsibilities
    c. Culture of the school
    d. Lack of protocol
    e. Lack of communication
3. Systemic Assets
    a. Resources
    b. Job responsibilities
    c. Culture of the school
    d. Protocol
    e. Communication/Collaboration
4. Advocacy
    a. For students (positive experiences)
    b. For students (negative experiences)
    c. For self and profession (positive experiences)
    d. For self and profession (negative experiences)

II. Preparation for Evacuees

1. School counselor efficacy
    a. Training (positive)
    b. Training (negative)
    c. Experiences
    d. Belief about self – self efficacy
2. Systemic Barriers
    I. Lack of resources
    II. Job responsibilities
    III. Culture of the school
    IV. Lack of protocol
    V. Lack of communication
3. Systemic Assets
    I. Resources

II. Job responsibilities
III. Culture of the school
IV. Protocol
V. Communication/Collaboration

4. Advocacy
   I. For students (positive experiences)
   II. For students (negative experiences)
   III. For self and profession (positive experiences)
   IV. For self and profession (negative experiences)
5. Logistics
   I. Preparation (positive experiences)
   II. Preparation (negative experiences)
6. Evacuees
   a. Students
      i. Individual experiences/expectations
      ii. Discrimination/oppression
      iii. Cultural differences (anticipation of…)
   b. Family
      i. Individual experiences/expectations
      ii. Discrimination/oppression
      iii. Cultural differences (anticipation of…)

III. Initial Experiences

1. School counselor efficacy
   a. Training (positive)
   b. Experiences
   c. Belief about self—self-efficacy
2. Systematic Barriers
   a. Lack of resources
   b. Job responsibilities
   c. Culture of the school
   d. Lack of protocol
   e. Lack of communication
3. Systemic Assets
   a. Resources
   b. Job responsibilities
   c. Culture of the school
   d. Protocol
   e. Communication/Collaboration
4. Advocacy
   a. For students (positive experience)
   b. For students (negative experience)
   c. For self and profession (positive experience)
   d. For self and profession (negative experience)
5. Logistics
   a. Preparation (positive experience)
   b. Preparation (negative experience)
   c. Action
6. Evacuees
   a. Students
      i. exp. of individuals

ii. exp. of group
b. Family
i. exp. of individuals
ii. exp of group
7. Culture
a. Discrimination/oppression
b. Cultural differences
i. in group
ii. out-of group
8. Services Provided
a. Counseling interventions
i. delivery
ii. assessment/identify needs
b. Academic interventions
c. Other services

IV. Prolonged Experiences
1.School counselor efficacy
a. Training (positive)
a. Training (negative)
b. Experiences
c. Belief about self – self efficacy
2. Systemic Barriers
a. Lack of resources
b. Job responsibilities
c. Culture of the school
d. Lack of protocol
e. Lack of communication
3. Systemic Assets
a. Resources
b. Job responsibilities
c. Culture of the school
d. Protocol
e. Communication/Collaboration
4. Advocacy
a. For students (positive experiences)
b. For students (negative experiences)
c. For self and profession (positive experiences)
d. For self and profession (negative experiences)
5. Logistics
a. Preparation (positive experiences)
b. Preparation (negative experiences)
c. Action
6. Evacuees
a. Students – i. exp. of individuals, ii. Exp. of group
b. Family – i. exp. of ind., ii. Exp. of group
7. Culture
a. Discrimination/oppression
b. Cultural differences
i. In group
ii. Out of group

8. Services Provided
    a. Counseling interventions
        i. Delivery
        ii. Assessment/Identify Needs
    b. Academic interventions
    c. Other services

Phase V. Lasting Effects

1.School counselor efficacy
    a. Training (positive)
    b. Training (negative)
    c. Experiences
    d. Belief about self – self efficacy

2. Systemic Barriers
    a. Lack of resources
    b. Job responsibilities
    c. Culture of the school
    d. Lack of protocol
    e. Lack of communication
3. Systemic Assets
    a. Resources
    b. Job responsibilities
    c. Culture of the school
    d. Protocol
    e. Communication/Collaboration
4. Advocacy
    a. For students (positive experiences)
    b. For students (negative experiences)
    c. For self and profession (positive experiences)
    d. For self and profession (negative experiences)
5. Logistics
    a. Preparation (positive experiences)
    b. Preparation (negative experiences)
    c. Action
6. Evacuees
    a. Students – i. exp. of individuals, ii. Exp. of group
    b. Family – i. exp. of ind., ii. Exp. of group
7. Culture
    a. Discrimination/oppression
    b. Cultural differences
        1. In group
        2. Out of group

8. Services Provided
    a. Counseling interventions
        i. Delivery
        ii. Assessment/Identify Needs
    b. Academic interventions
    c. Other services

Appendix C

Dissertation Protocol and Timeline

Friday, April 30	Met with research team for pre-bracketing meeting
Tuesday, May 4	Draft of newly revised Chapter 1 to Dr. White (using comments from the prospectus defense and written feedback on prospectus)
May 1-2	Memo and bracketing by primary researcher
May 3-4	Created initial code book
May 5	1st Research team meeting: 1. Trained the research team in the code book 2. Shared primary researcher memo 3. Discussed protocol 4. Team coded interview #1 together
May 6-11	The team coded the rest of the first interview separately and the 2nd interview
May 9	A draft of newly revised Chapter 2 (without the results etc.) to Dr. White
May 10	Met to discuss Chapter 1 with Dr. White
May 11	Personal Journey write up to Dr. Meyers
May 12	Research team meeting - came to a consensus on the first interview and second interview
May 17	Chapter 1 edits returned to Dr. White
May 13- 18	The research team coded interview 3 separately.
May 19th	Research team meeting – come to a consensus on 3rd interview
May 20th – 21st	Began horizontalization with the significant statements – began to reduce overlapping statements to create themes. Began putting the significant statements in tables.
May 20th – May 25th	Research team coded Interview #4 separately
May 21st	Auditor given the Interviews to audit
May 22nd – May 23rd	Create tables for themes and send the clustered statements to outside auditor to verify the themes
May 25th	Chapter 1 edits returned to Dr. White
May 26th	Research team meeting: 1. Research team came to a consensus on Interview 4 2. Team discussed themes
May 27th	Chapter 1 to Dr. Brack and Dr. Chang
June 2nd	Research team meeting – discussed the research process Discussion recorded and process observed
June 3rd	Sent final table without the Themes to outside auditor
June 5-6th	Wrote up the textural description of the data

June 7-8th	Wrote up the structural description of the data
June 9th -13th	Wrote up the composite description of the data
June 21st	Sent results section to methodologist and Dr. White
June 21st – 24th	Results revisions back and forth between researcher and Dr. White and Dr. Brack
June 29th – July 8th	Discussion revisions back and forth between researcher and Dr. White and Dr. Brack
July 8th	Audit on the entire dissertation to auditor #3
July 10th – 12th	Final Chapter 2 revisions
July 13th	Chapter 2 to Dr. Chang
July 20th	Dissertation to Committee